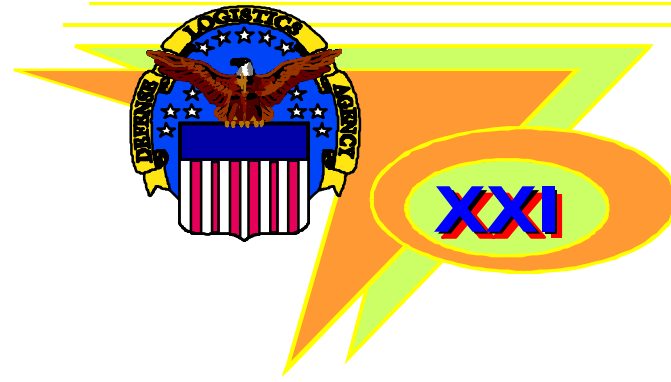


**Defense Contract Management Command**



**DCMD East**  
**Mission Management Review**  
**(MMR)**

**February 25, 1999**

**COL Edward M. Harrington, USA**  
*Commander*

## DCMDE

Performance Goal	DCMD East
1.1.2 On-Time Delivery	YELLOW
1.1.3 Past Due Delinquencies	RED
1.1.5 Earned Value Management Systems	RED
2.1.1 Open Overhead Negotiations	RED
2.1.4 Termination Cycle Time	YELLOW
2.1.5 CAS Non-Compliance Reports	RED
2.1.14 Supervisory Ratio	RED
2.1.15 Undefined Contractual Actions (UCAs)	RED
3.1.4 DAWIA Certification	RED
3.2.1 EEO Complaint Processing Times	YELLOW

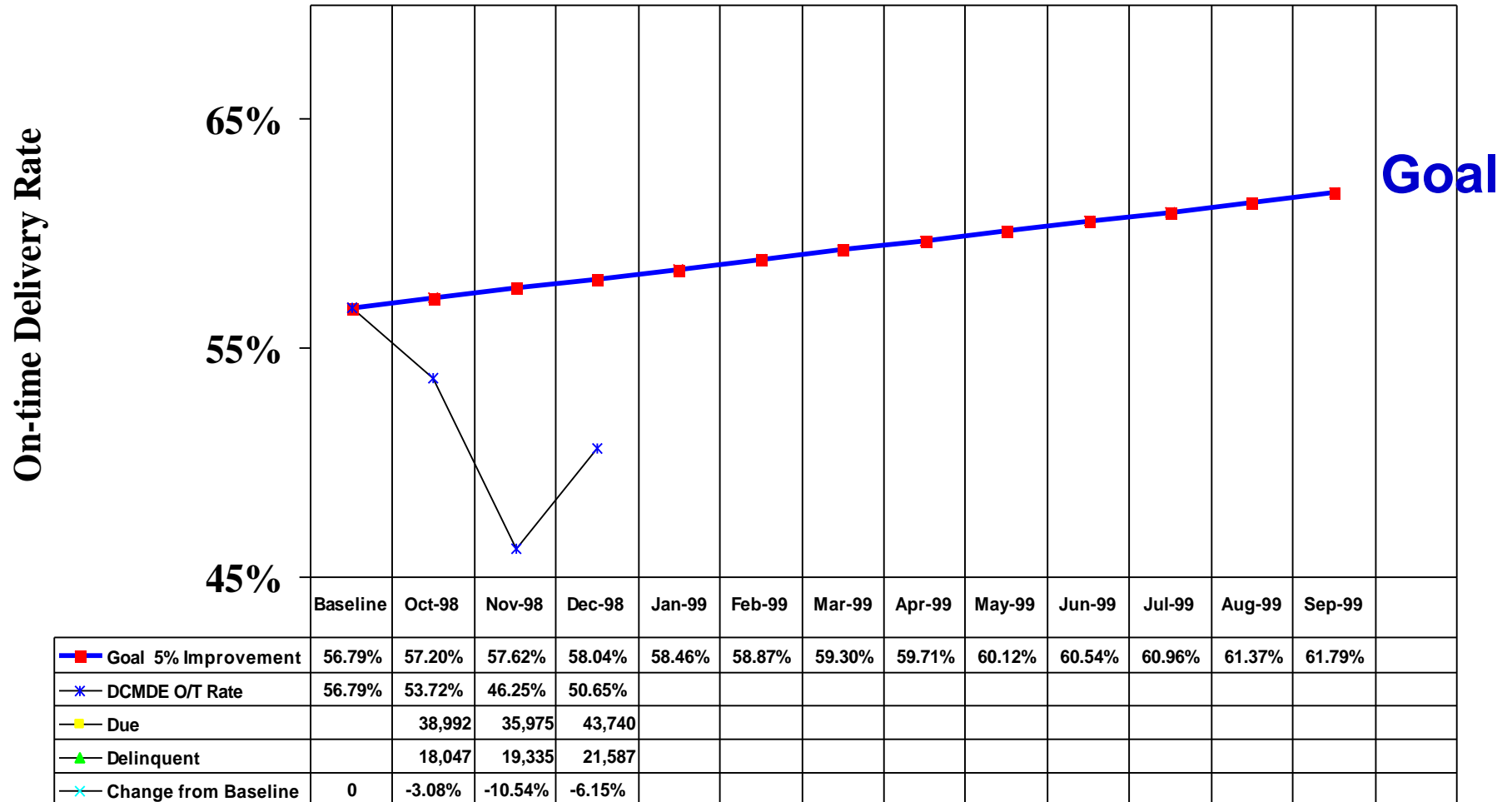
**Performance Goal 1.1.2**  
**Improve On-time Delivery by 5%**

- **Performance Goal Description: Improve on-time delivery rate by 5%.**
- **FY99 Goal/Target: 61.79%**
- **FY99 YTD Results: 50.65%**
- **Rating: (red/yellow/green) Yellow**
- **Reason for not achieving goal:**
  - **High number of estimated delivery dates in MOCAS database**
  - **Contract mods**
    - not issued by Buying Command**
    - not processed by CAOs' in timely manner**
- **HQ/District process owner:**
  - Mr. Mark Melnyk 703-757-3409**
  - Mr. Dennis Magnan 617-753-4504**

# DCMDE

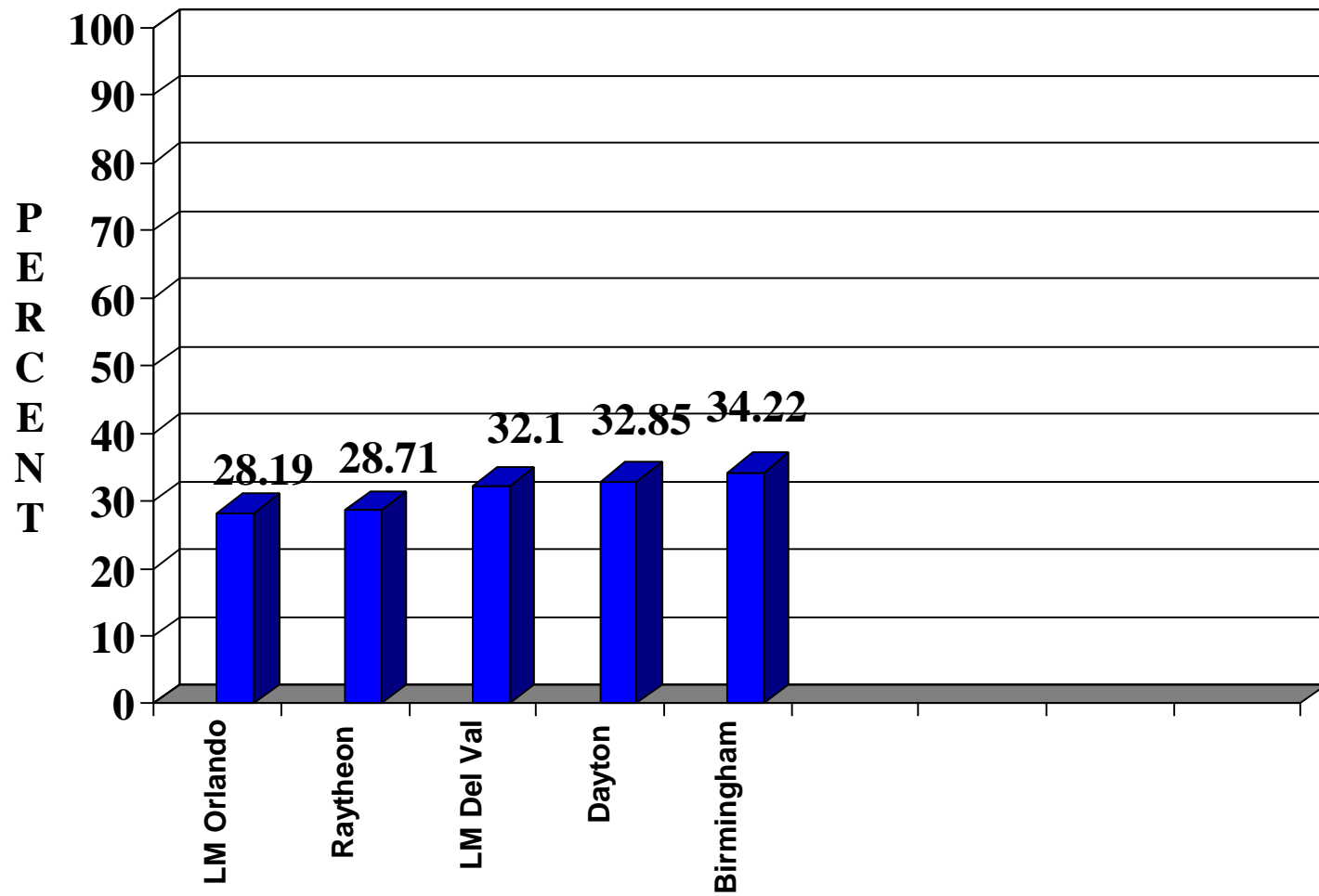
## Performance Goal 1.1.2

Improve On-time Delivery by 5%  
DCMDE FY 98: Baseline 56.79%



**DCMDE**

## **1.1.2: Improve On-time Delivery by 5%. Pacing CAOs for December**



## DCMDE

### 1.1.2: Improve On-time Delivery by 5%.

#### Root Cause Analysis

- Number of database errors
- Buying Command issue revised shipping instructions via letter vs contract mod
- Awaiting PCO contract mod action
- Contract mods not processed by CAOs'

**Improve On-Time Delivery by 5%**

**DISTRICT CORRECTIVE ACTION**

- Developed production surveillance training.
- Analyze data monthly to identify pacing CAOs'.
- Contact each pacing CAO to identify causes and develop corrective action plan.
- Monitor CAOs' performance to assure C/A plan effective.
- Identify any new causes and develop new C/A plan as may be necessary.

## **Performance Goal 1.1.3 - Delinquencies**

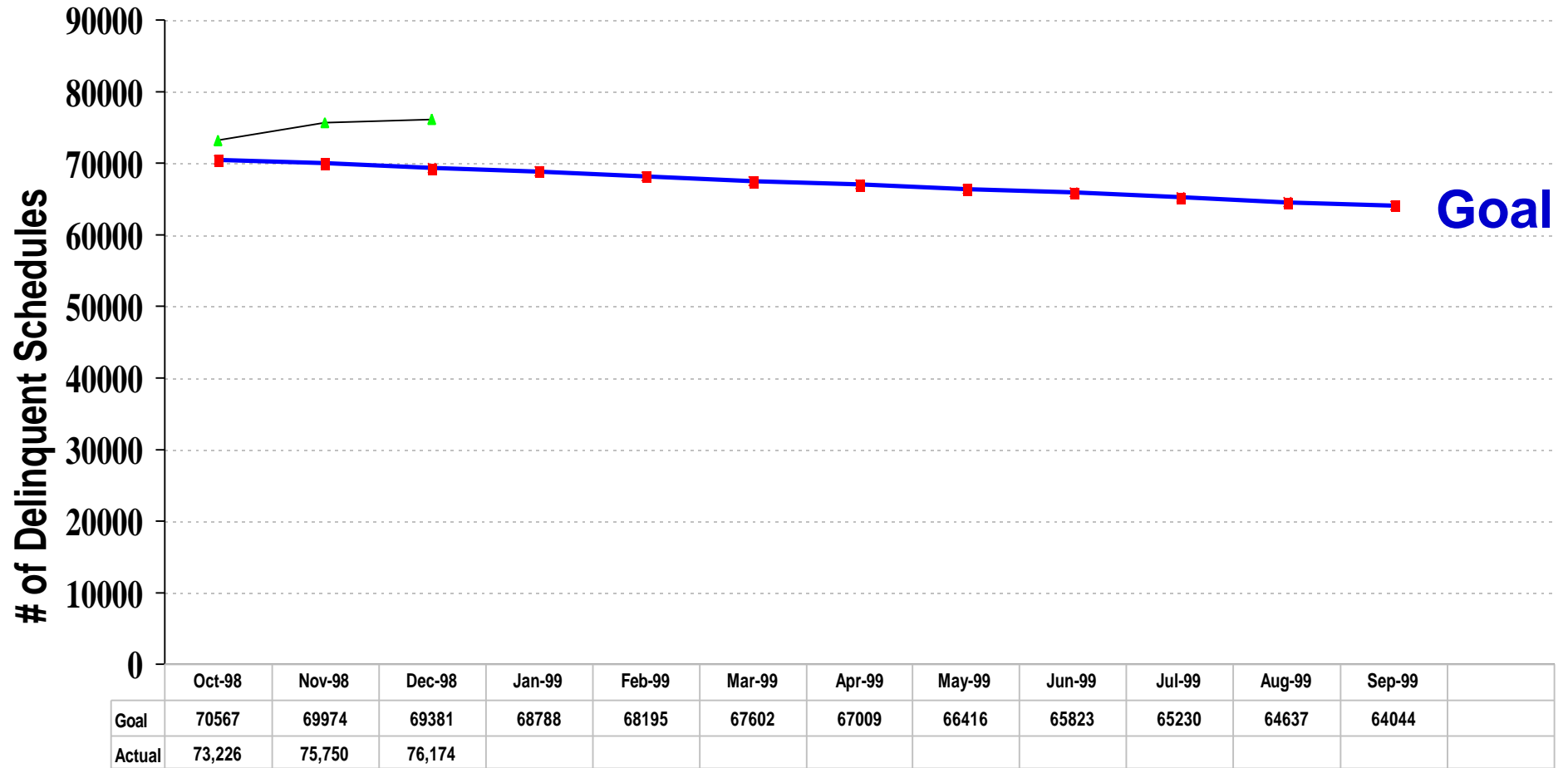
- **Performance Goal Description: Reduce the number of past due delinquencies by 10% with at least a 100% reduction of delinquencies > a year old.**
- **FY99 Goal/Target: <1 year -10%; > 1 year - 100%**
- **FY99 YTD Results: < 1 year +7%; > 1 year - 4%**
- **Rating: Red**
- **Reason for not achieving goal:**
  - **DD250 input problems**
  - **MOCAS input errors**
  - **Abstract review**
- **HQ/District process owner:**  
**Mark Melnyk DSN 427-3409**  
**Bob Suvall DSN 955-4263**



# DCMDE

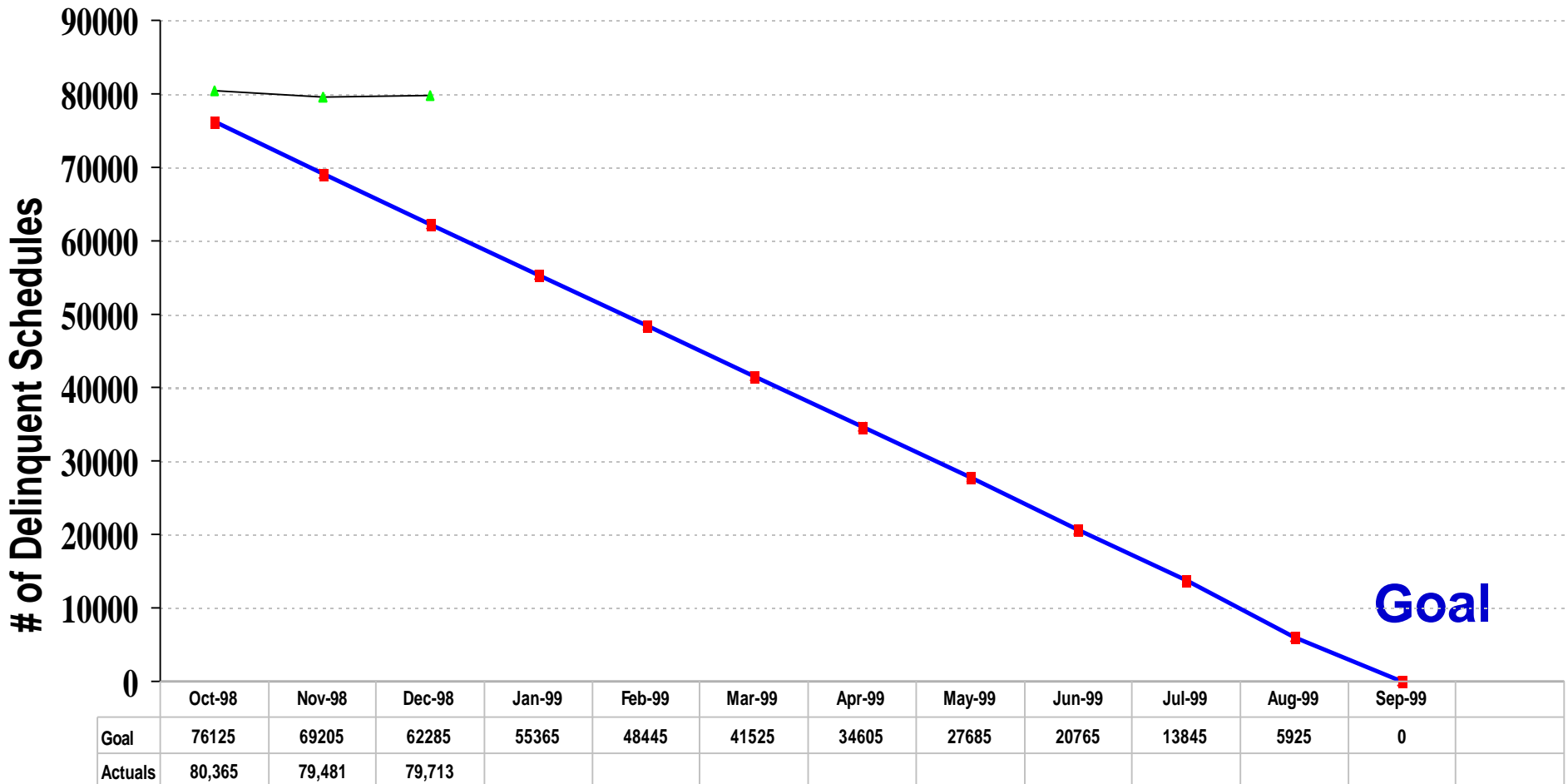
### Performance Goal 1.1.3 - Reduce Delinquencies

Reduce the number of past due delinquencies  $< 1$  year



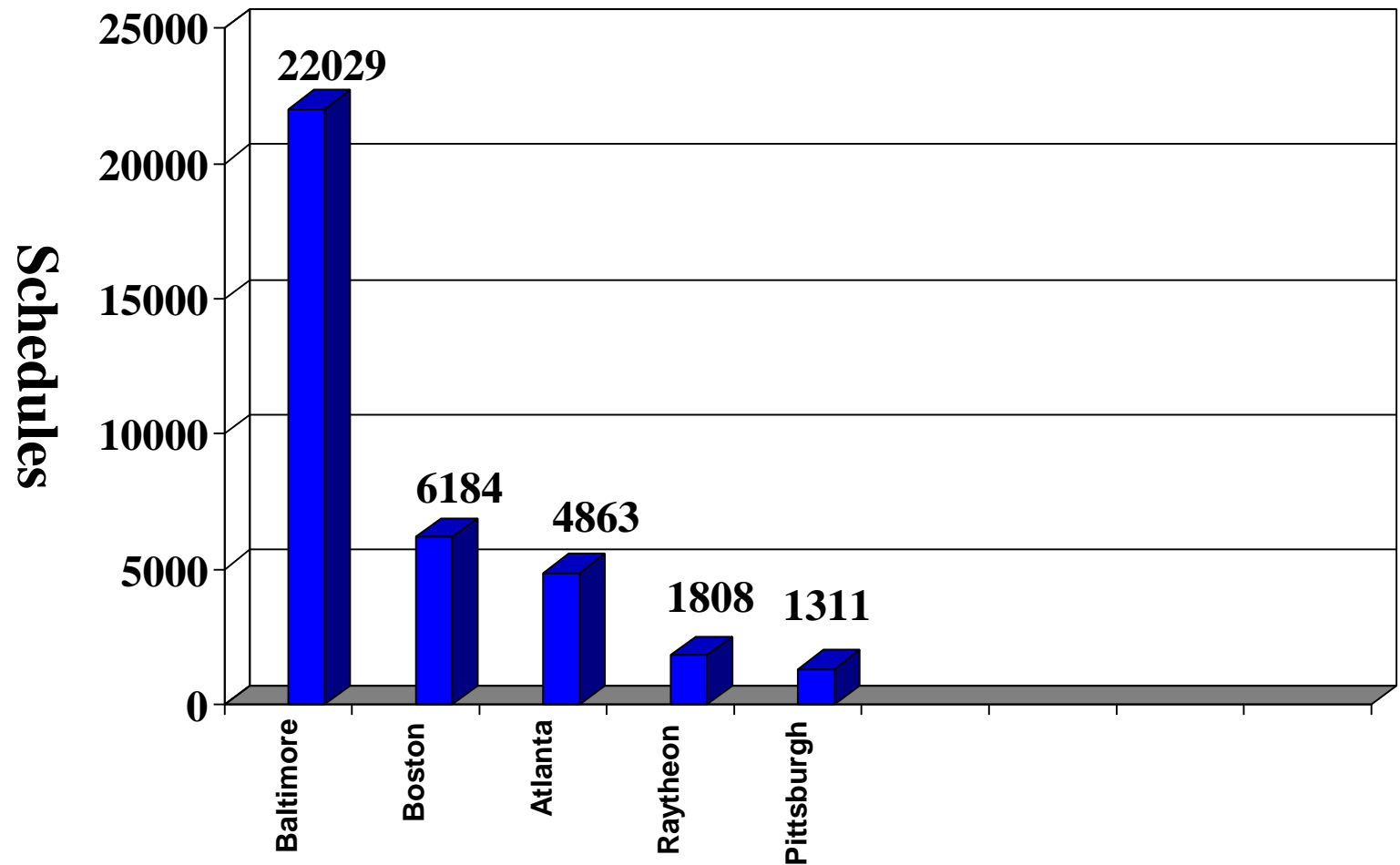
# DCMDE

## Reduce the number of past due delinquencies > 1 year



## Performance Goal 1.1.3: Reduce Delinquencies <1 year

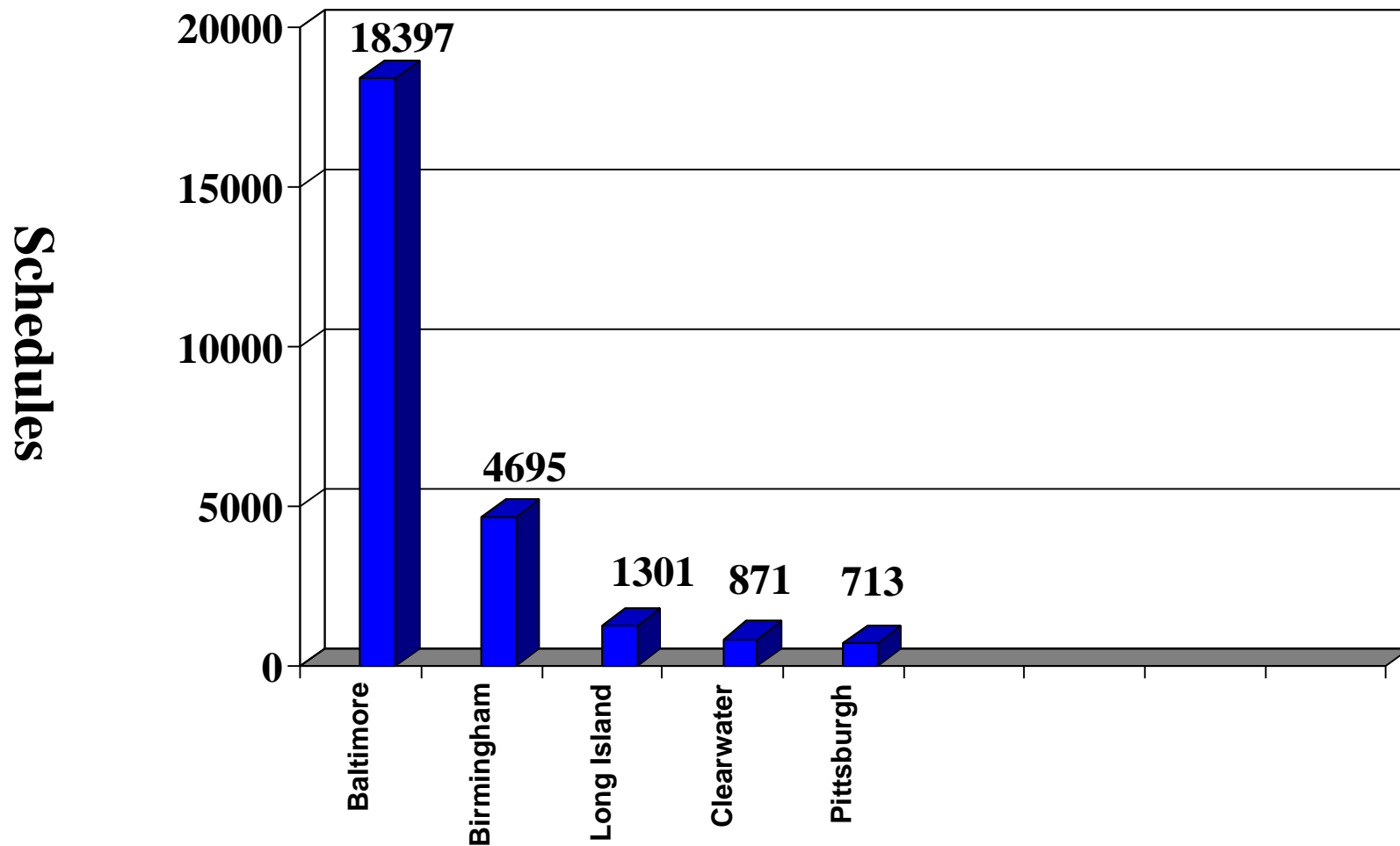
### Pacing CAOs (<1 year)



**DCMDE**

## **Performance Goal 1.1.3: Reduce Delinquencies > 1year**

**Pacing CAOs (>1 year)**



**DCMDE**

## Performance Goal 1.1.3: Reduce Delinquencies

### Root Cause Analysis

- DD250 Input
- DFAS MOCAS Input
- DCMC MOCAS Input
- Abstract Review

**DISTRICT CORRECTIVE ACTION**

- Developed production surveillance training; mandatory for all technical specialists and their supervisors.
- Review data and track CAO corrective action progress monthly.
- Work with CAOs to revise corrective action plans, as determined by statistics.
- Refine District corrective action plan pending further analysis of next quarter's data.

**DCMDE**

## **Perf Goal 1.1.5: EARNED VALUE MANAGEMENT SYSTEMS**

Performance Goal Description: **Reduce the percentage of contracts that have exceeded their cost or schedule goals by more than 10% over the FY98 baseline.**

FY99 Goal/Target:, Goal based on end of FY98 Numbers

**Cost Overrun: Less Than 15.38% of Contracts**

**Schedule Variance: Less Than 17.95% of Contracts**

FY99 YTD Results: **Oct 98-Dec 98 Cost Overrun= 15.03%**

**Oct 98-Dec 98 Schedule Variance= 17.51%**

**Note: Dec data incomplete due to reporting times**

Rating: **RED**

Reason for not achieving goal: No FY98 Baseline Established. Ability to use EVMS to correct variances lies with PMs, not DCMC. HQ is reevaluating metric, new one to follow

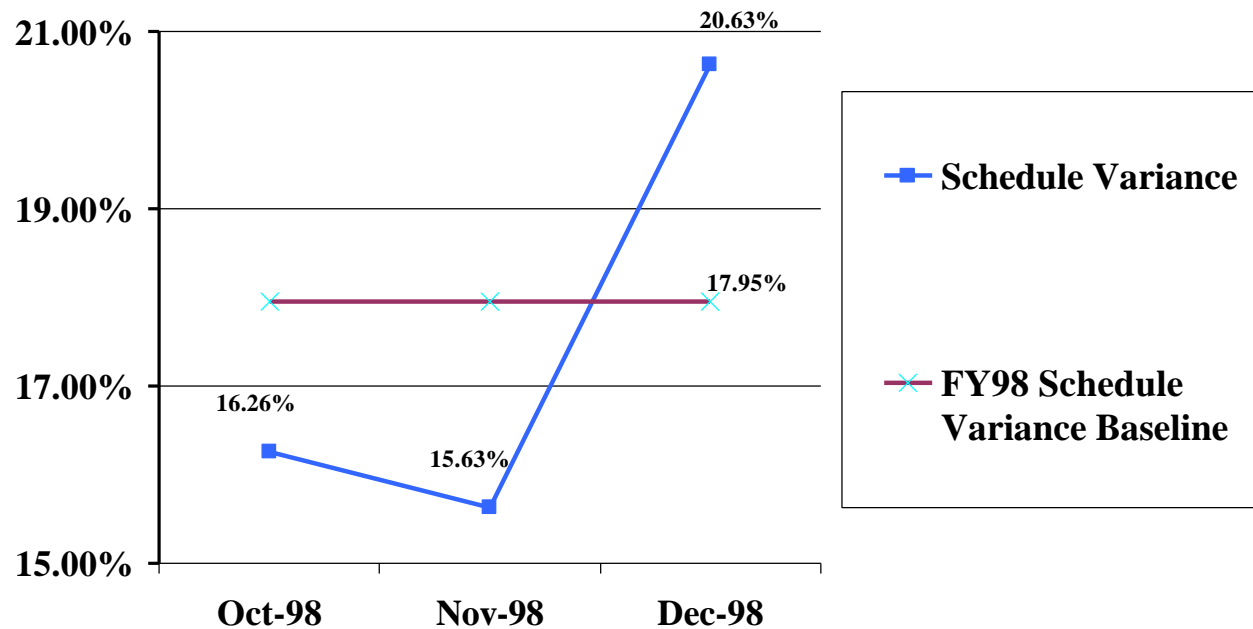
District Process Owner:

**Bill Gibson (703) 767-3368**

**Maj Robert Walbridge, (617) 753-4382**

**Maj Robert Walbridge (617) 753-4382**

# Perf Goal 1.1.5 - EVMS % of Schedule Variances 1st Quarter FY99



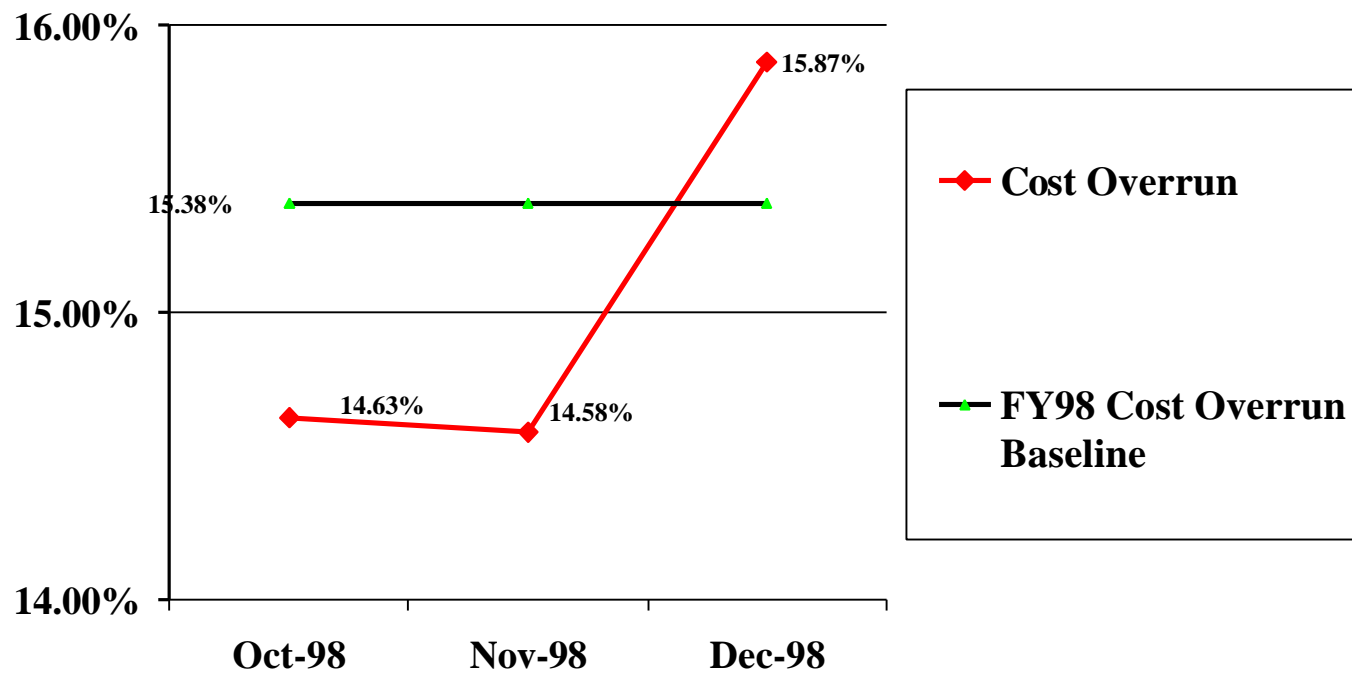
Goal	17.95	17.95	17.95
Pct	16.26	15.63	20.63
Rating	red	red	red



# Performance Goal 1.1.5 - EVMS

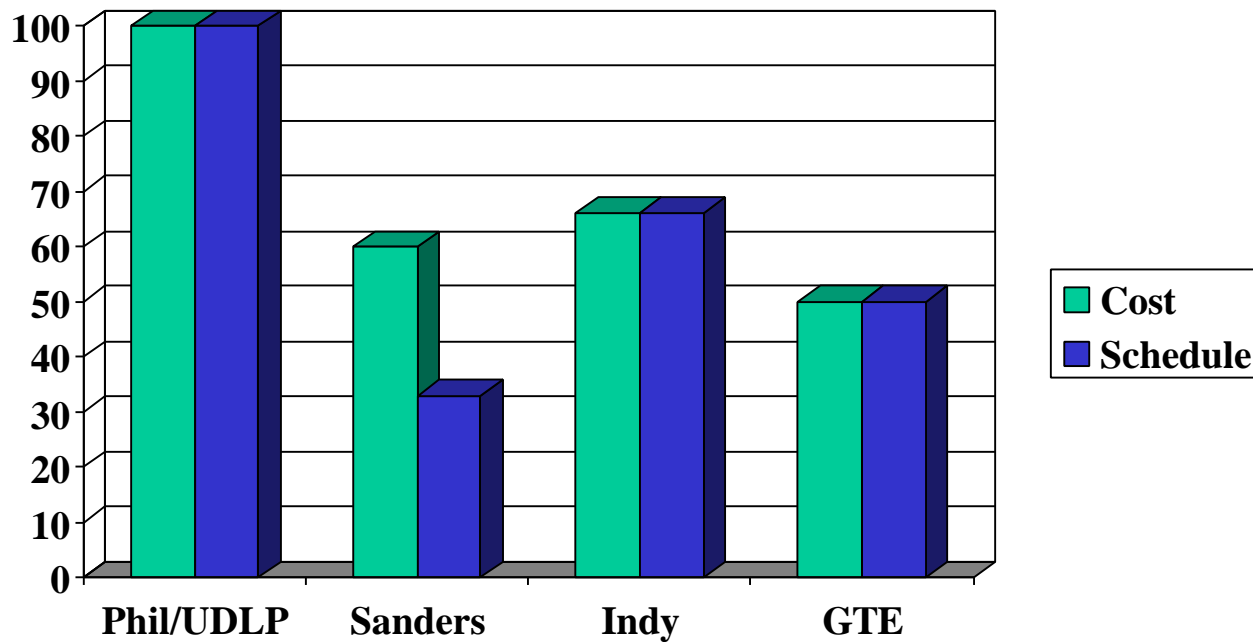
## % of Cost Overruns

### 1st Quarter FY99



Goal	15.38	15.38	15.38
Pct	14.63	14.58	15.87
Rating	red	red	red

## % of Contracts with EVMS Requirements Cost Overruns or Schedule Slips



*Based on total of 12 contracts - 2 Phil/UDLP, 5 Sanders, 3 Indy, 2 GTE*

## Performance Goal 1.1.5 - EVMS

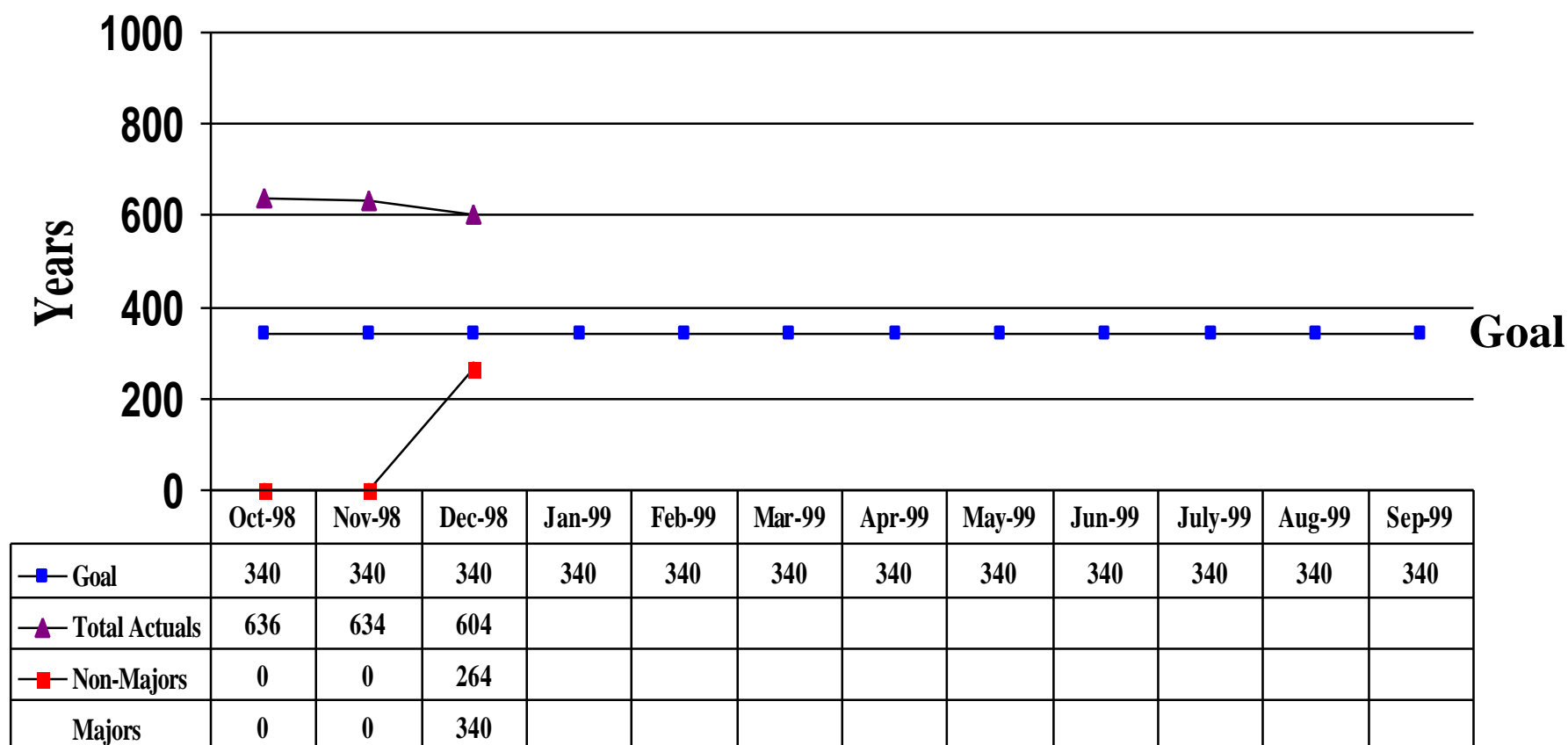
- Root Cause and Corrective Action
  - Root Cause analysis: cause varies from program to program but not controlled by EVMS
  - No Corrective Action Plans
  - EVMS Analysis allow CAO to advise PM, not control direction of trends
  - Not all contracts or CAOs have EVMS requirements, does not give cross section of district
  - EVMS Cost and Schedule variances not a measure of CAO performance
  - Metric to be eliminated. Working with HQ for better way to measure DCMC performance

## Performance Goal 2.1.1 - Open Overhead Negotiations

- **Performance Goal Description:** Achieve final overhead negotiations within a two or three year cycle for major and non-major contractors respectively. DCAA's definition of a major contractor (over \$80 million of auditable dollar volume) will be used in determining whether a location is major or non-major.
- **FY99 Goal/Target:** 340 years comprised of 220 Majors and 120 Non-Majors
- **FY99 YTD Results:** 604 Open Overhead Years, which is made up of 340 Majors and 264 Non-Majors.
- **Rating:** Yellow for Majors and Red for Non-Majors.
- **Reason for not achieving goal:** The goal was not achieved primarily due to non-receipt of audit reports; delinquent proposals; litigations; investigations; corporate mergers and acquisitions.
- **HQ/District process owner:** HQ Glenn Gulden (703) 767-3406 & DCMDE Roger J. Carrasquillo (617)753-4262

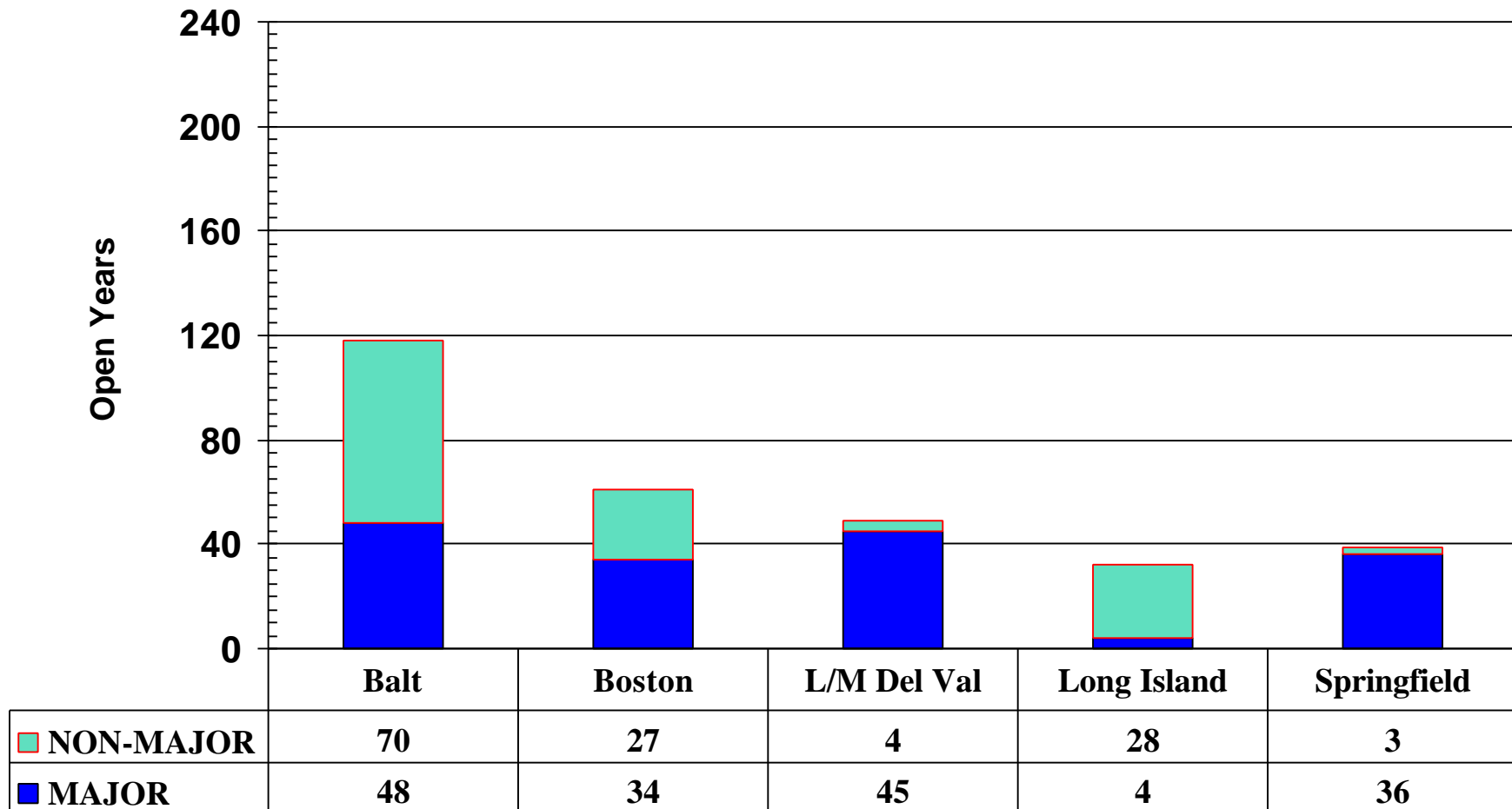
## Performance Goal 2.1.1 - Open Overhead Negotiations

## OVERHEAD NEGOTIATION STATUS



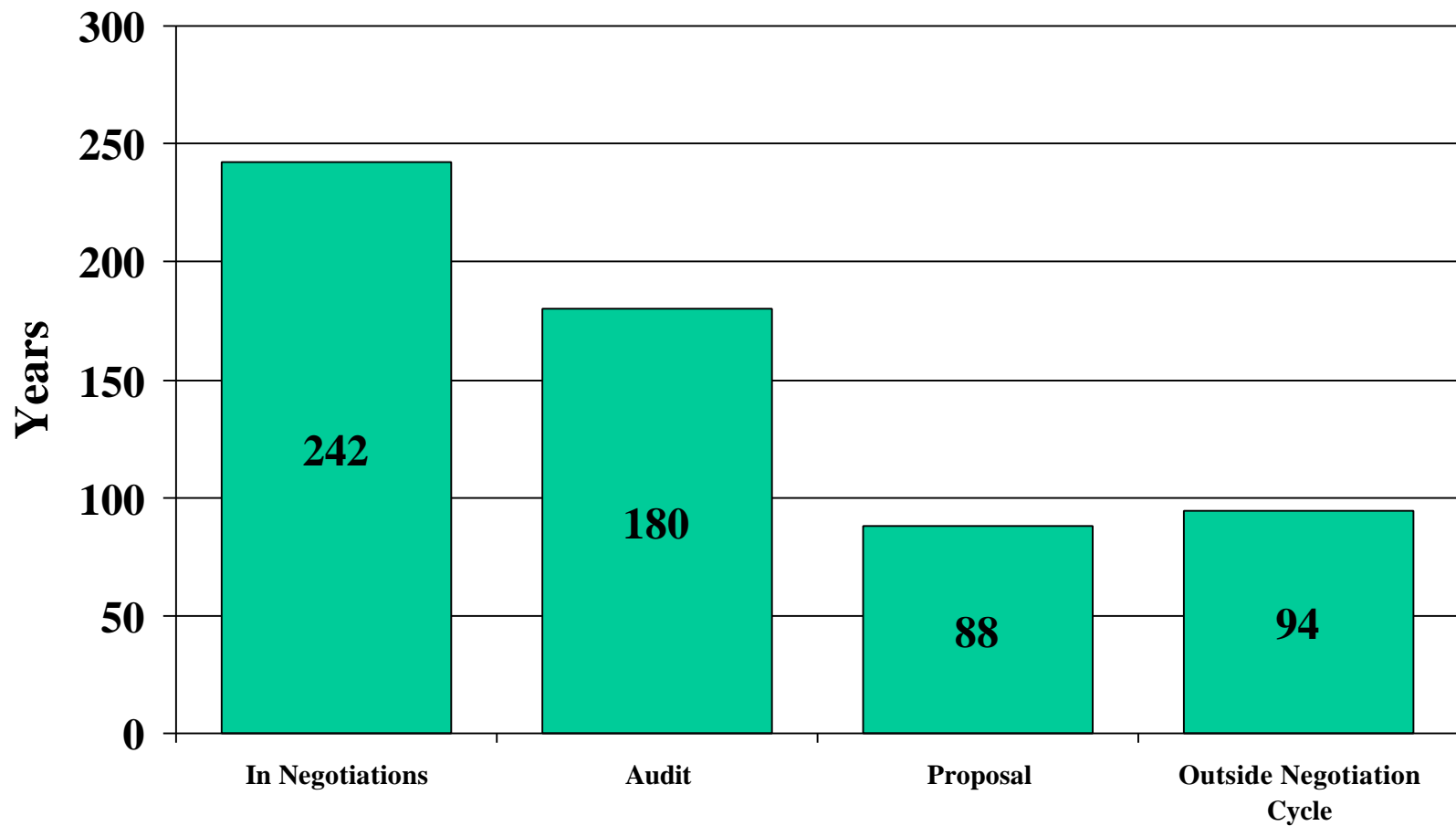
# Performance Goal 2.1.1 - Open Overhead Negotiations

## Pacing CAOs



# **DCMDE Performance Goal 2.1.1 - Open Overhead Negotiations**

## **ROOT CAUSE ANALYSIS**



## **Performance Goal 2.1.1 - Open Overhead Negotiations**

### **District Corrective Action**

- Continue to review individual CAO performance and corrective actions through monthly reporting using AMS and visits and assist as necessary.
- Continue to engage SFA's with the DCMC Overhead Center to support Open Overhead issues.
- Disseminate best practices in support of Overhead settlement.
- Utilize available data products to identify and assist in the prioritization of years.
- The District is in the process of requesting monthly Burn-Down Plans from each of the CAOs in order to measure their progress in achieving their September 99 goal.

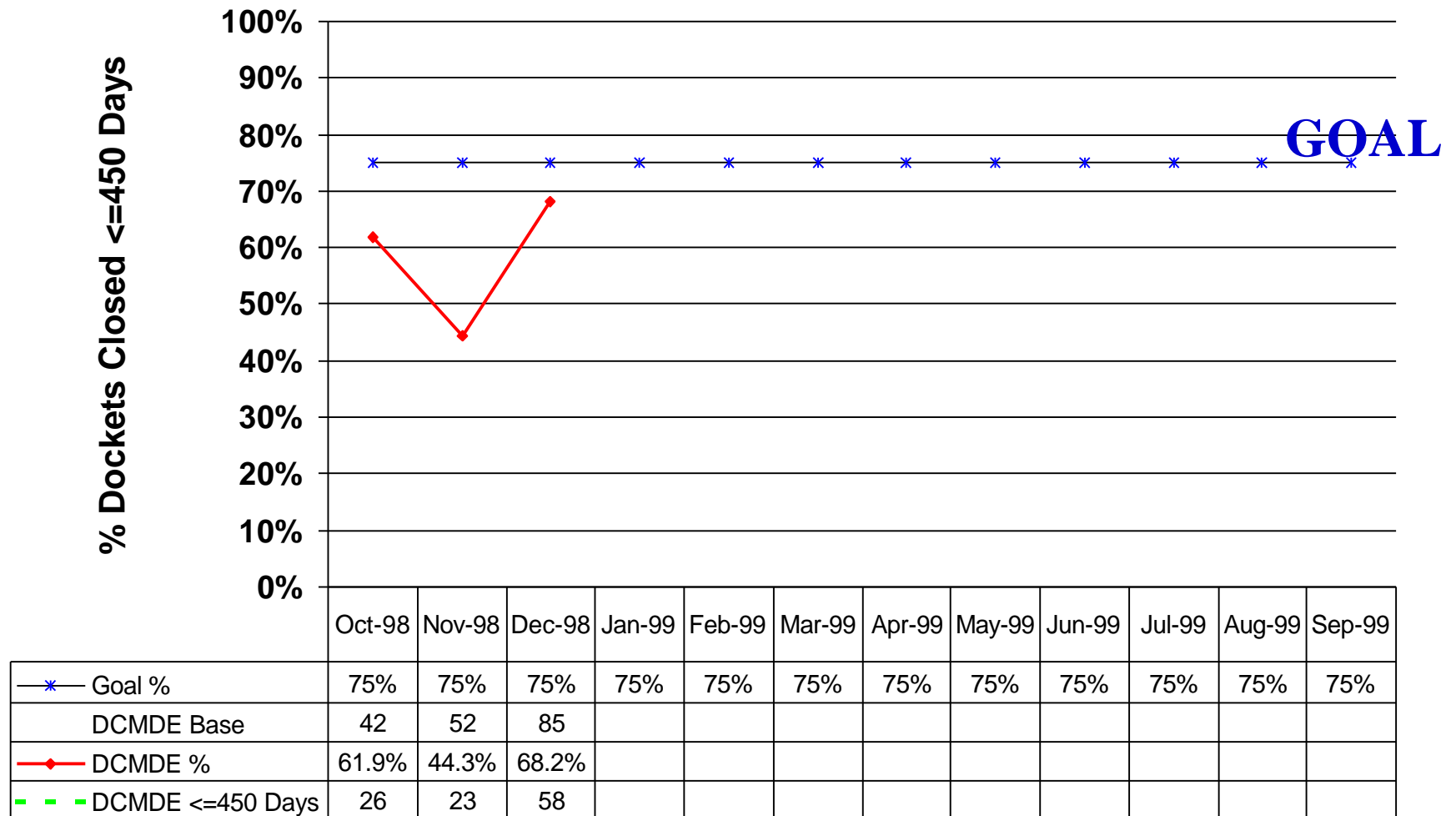


## Performance Goal 2.1.4 - T/C Cycle Time

- **Performance Goal Description:** Ensure that all termination dockets are closed within 450 days from the effective date of termination.
- **FY99 Goal/Target:** Close 75% of dockets within 450 days from effective date of termination.
- **FY99 YTD Results:** 68.24%
- **Rating:** Yellow
- **Reason for not achieving goal:**
  - Implementation of new Metric
  - Average Closed Docket Cycle time exceeds 450 day goal
  - High percentage of dockets on-hand >450 days
- **HQ/District process owner:**

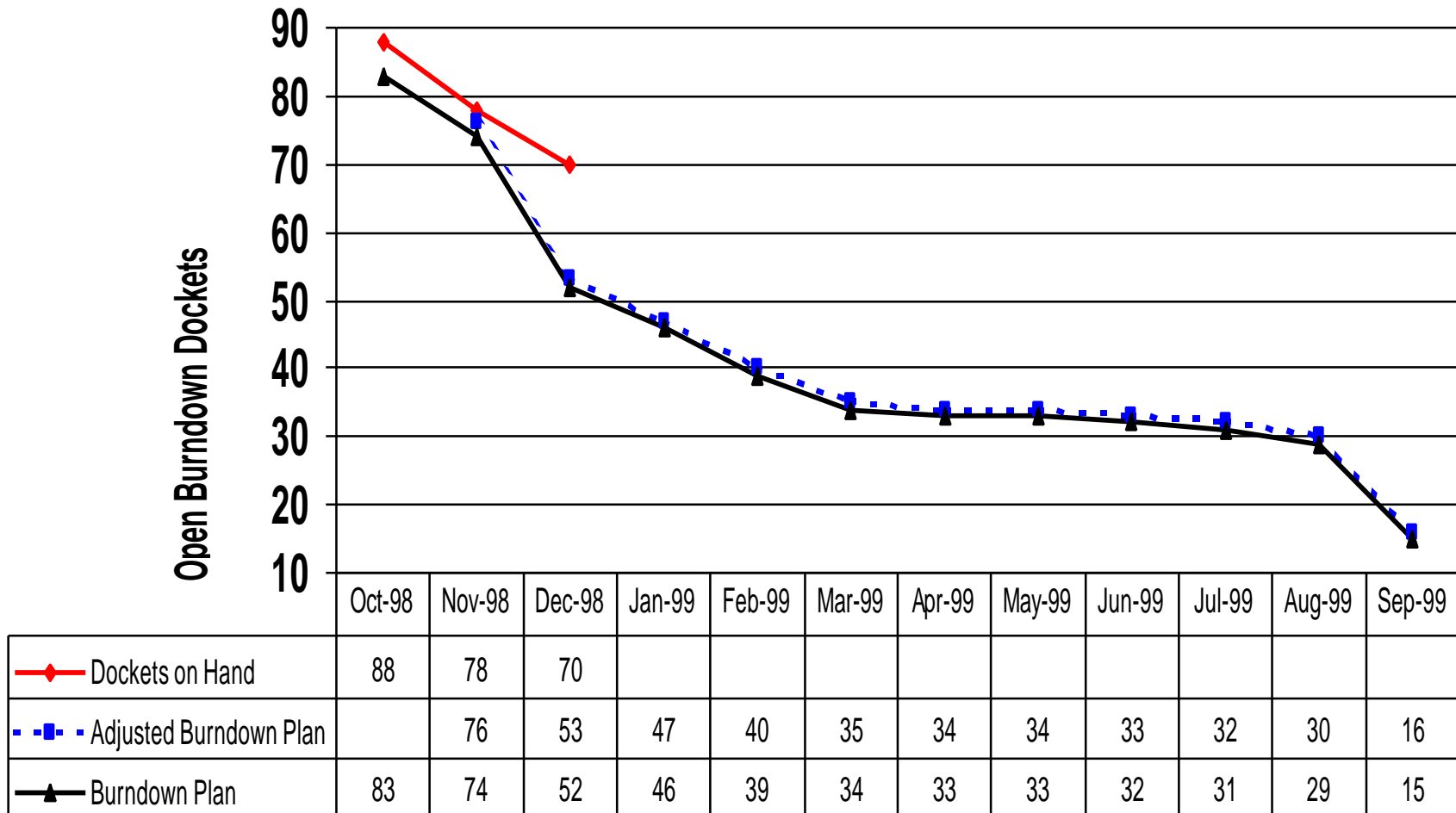
Cynthia Brice	Tony Gird
DCMC-OE	DCMDE-OOB
(703) 767-3437	(617) 753-3399

## Performance Goal 2.1.4 - T/C Cycle Time



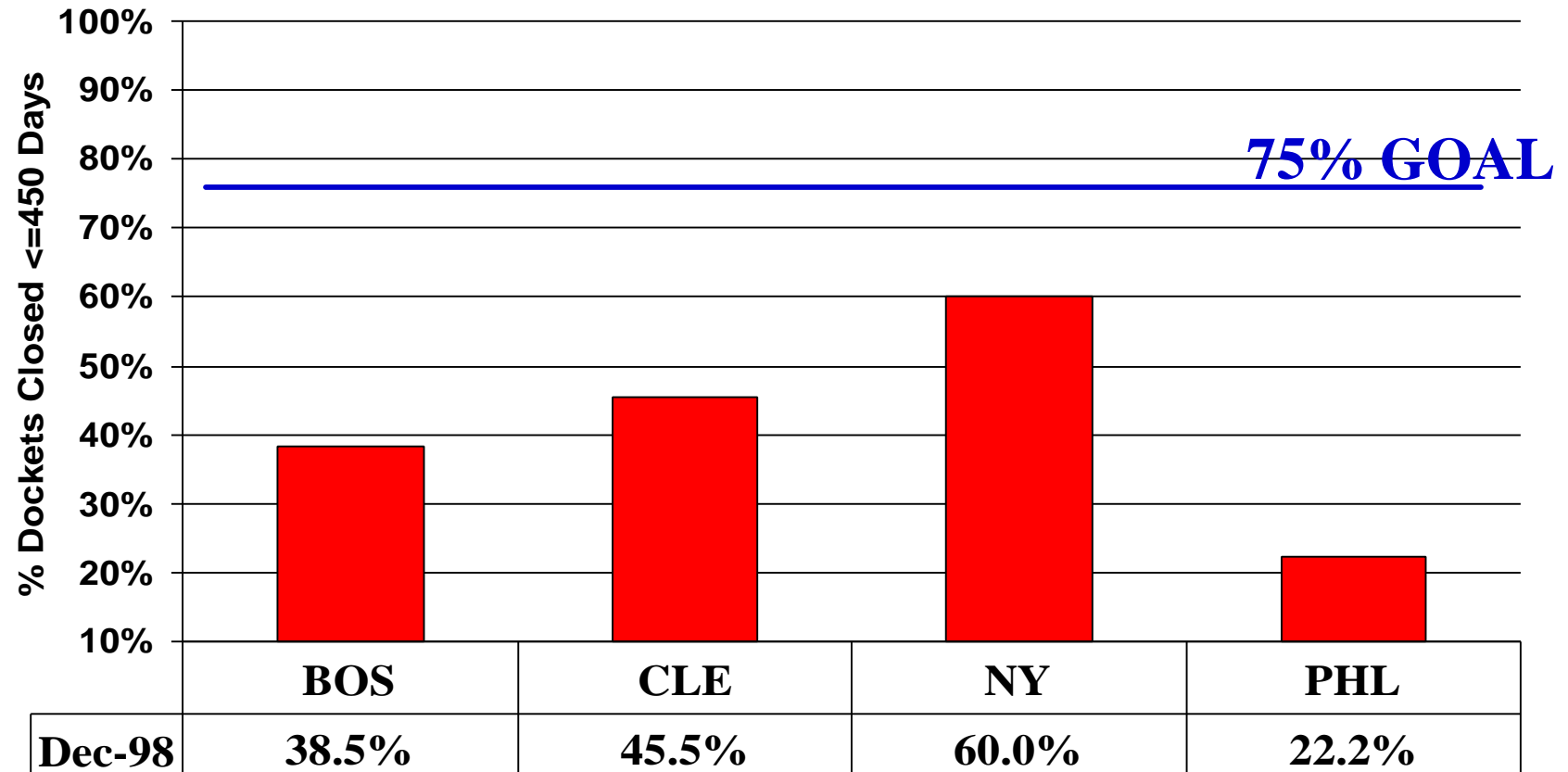
# Performance Goal 2.1.4 - T/C Cycle Time

## Burndown Plan



**DCMDE**

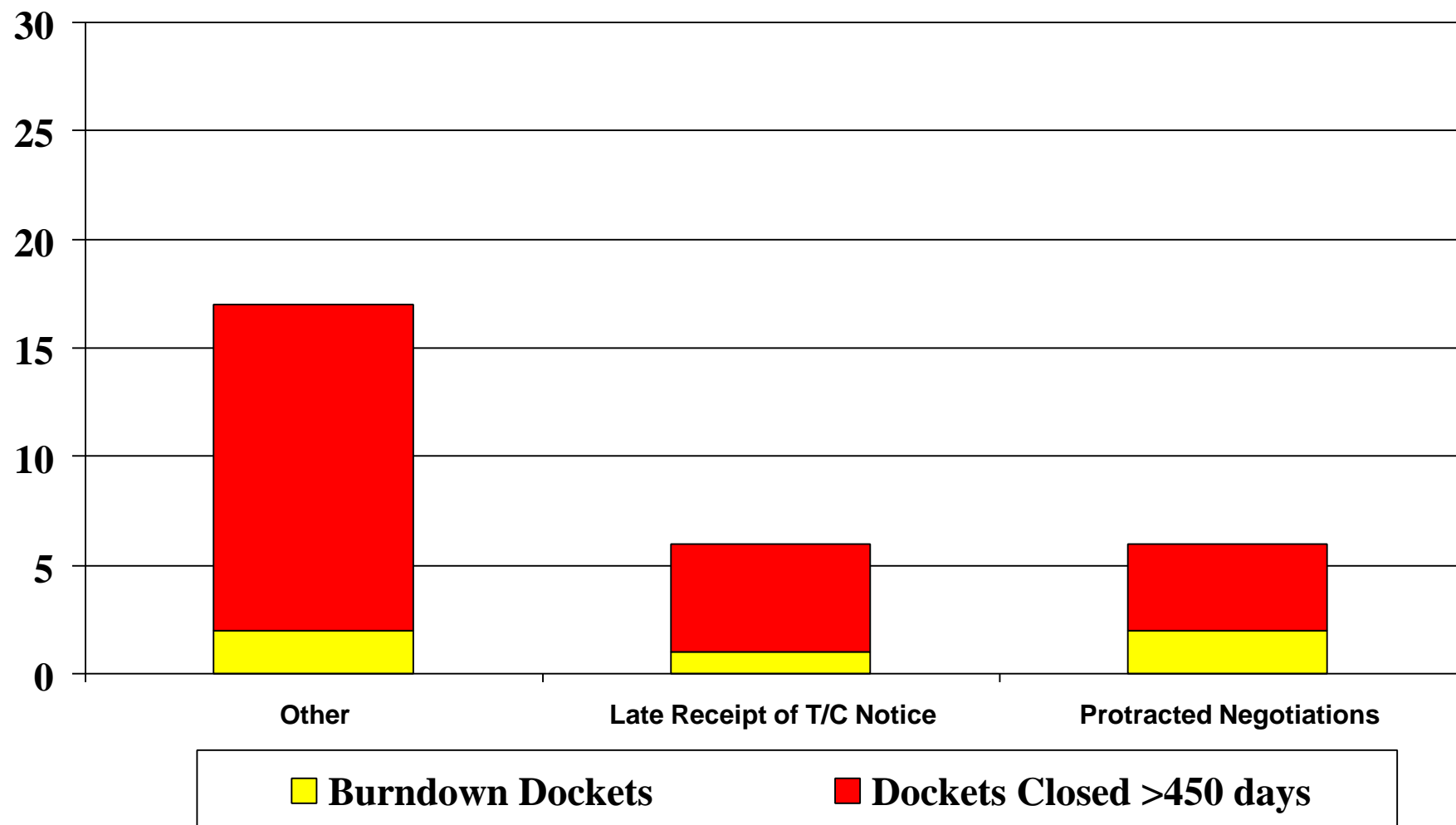
## Performance Goal 2.1.4 - T/C Cycle Time Pacing CAOs



**DCMDE**

## Performance Goal 2.1.4 - T/C Cycle Time

### ROOT CAUSE ANALYSIS - CLOSED DOCKETS



## Performance Goal 2.1.4 - T/C Cycle Time

### Corrective Action Plan

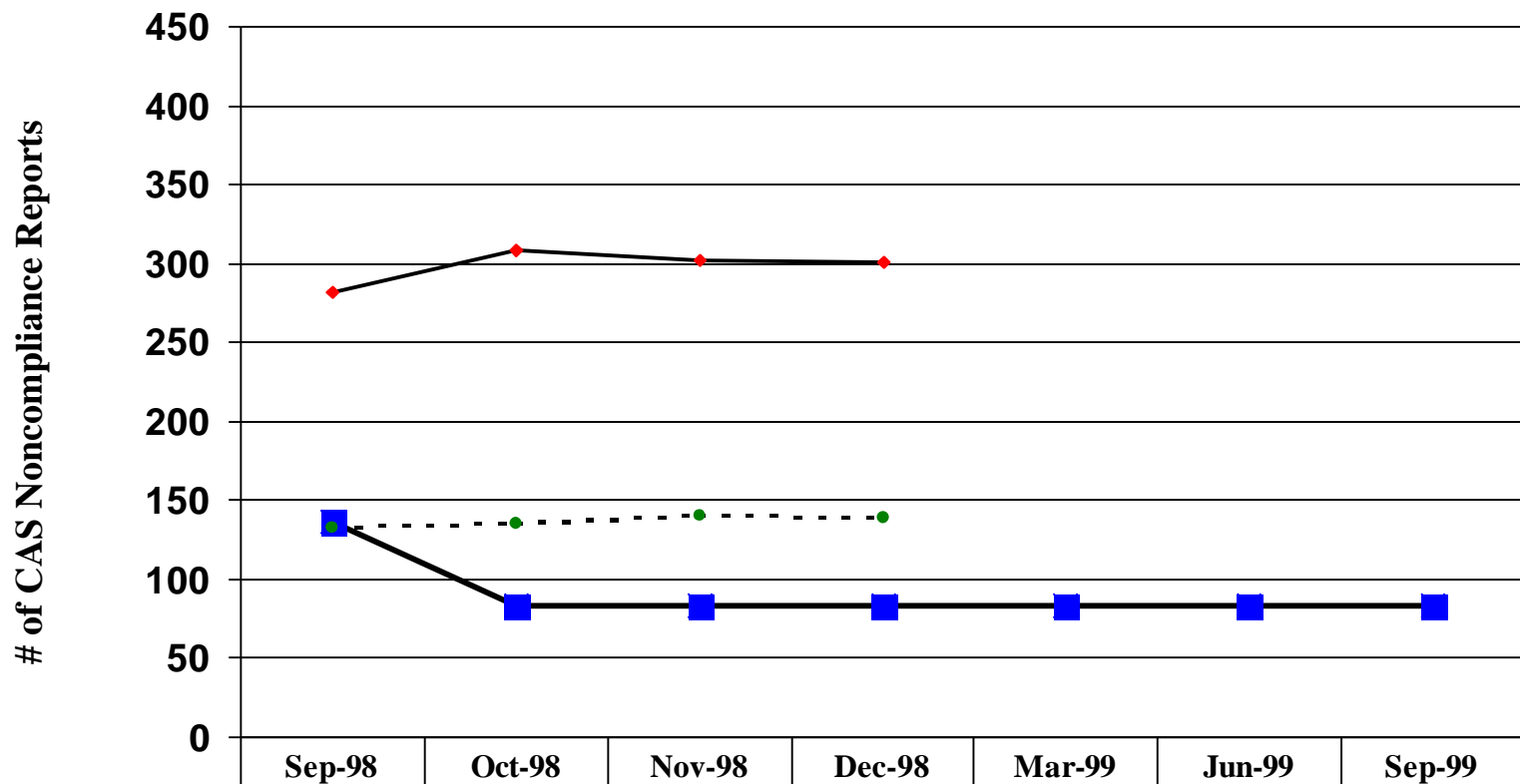
#### **District Corrective Action**

- Work with TSOs to develop strategies for attacking process drivers
- Impromptu queries to recognize potential late T/C notices
- Proposed FAR change to help reduce T/C cycle time
- DCAA assistance in reducing audit cycle time
- Concentrate on closing dockets greater than and those approaching 450 days
- Concentrate on closing Burndown Dockets IAW plan

## Performance Goal 2.1.5 - CAS Noncompliance Reports

- **Performance Goal Description:** Reduce the FY 98 year-end backlog of overage CAS Noncompliance Reports (over one year from the date of issuance) by 37%
- **FY99 Goal/Target:** 84 overage CAS noncompliance reports
- **FY99 YTD Results:** 139 Overage CAS noncompliance reports
- **Rating:** RED
- **Reason for not achieving goal:** Delay of ACO determinations
- **HQ/District Process Owner:** John McPherson, (703) 767-8136  
Barry Levy, (617) 753-4258.

## Performance Goal 2.1.5 - CAS Noncompliance Reports

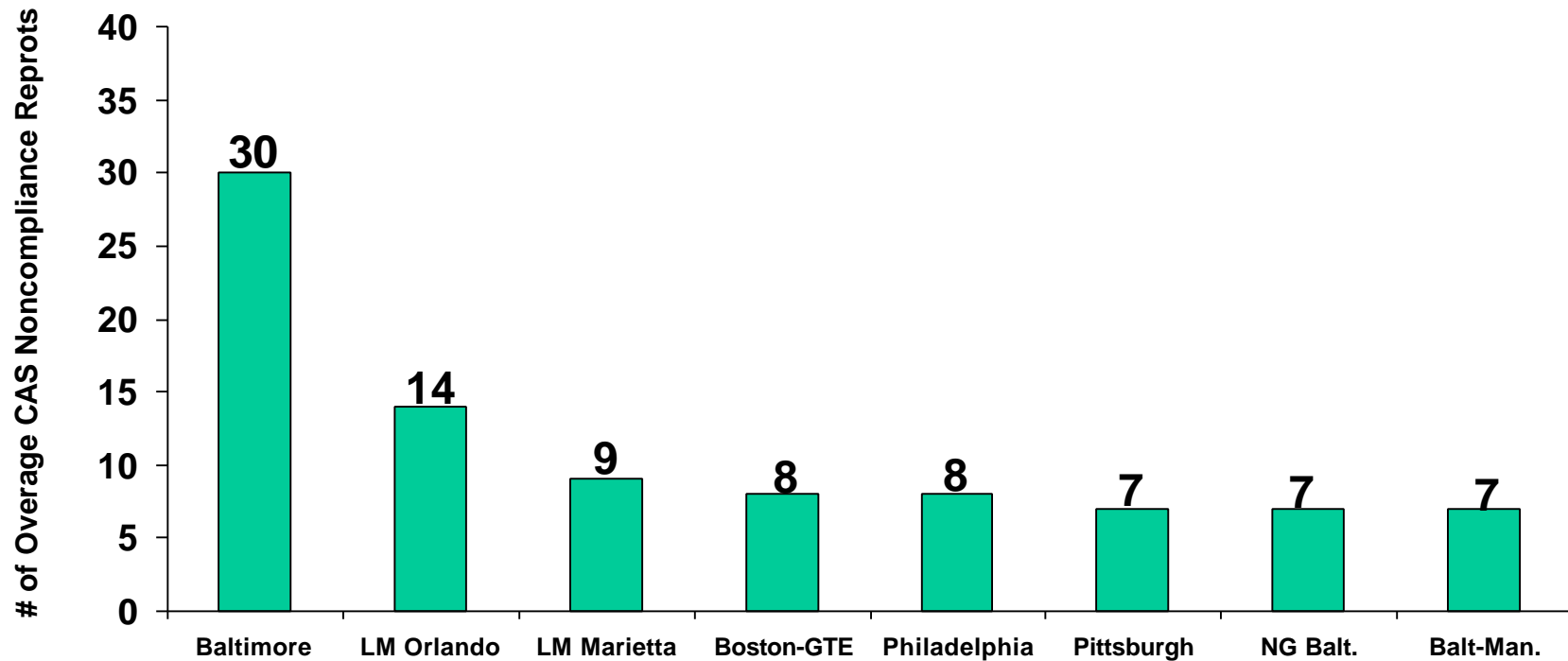


—■— Goal	136	84	84	84	84	84	84
—◆— Total Open CAS Audits	282	309	302	301			
- -●- - Overage CAS Audits	133	135	140	139			



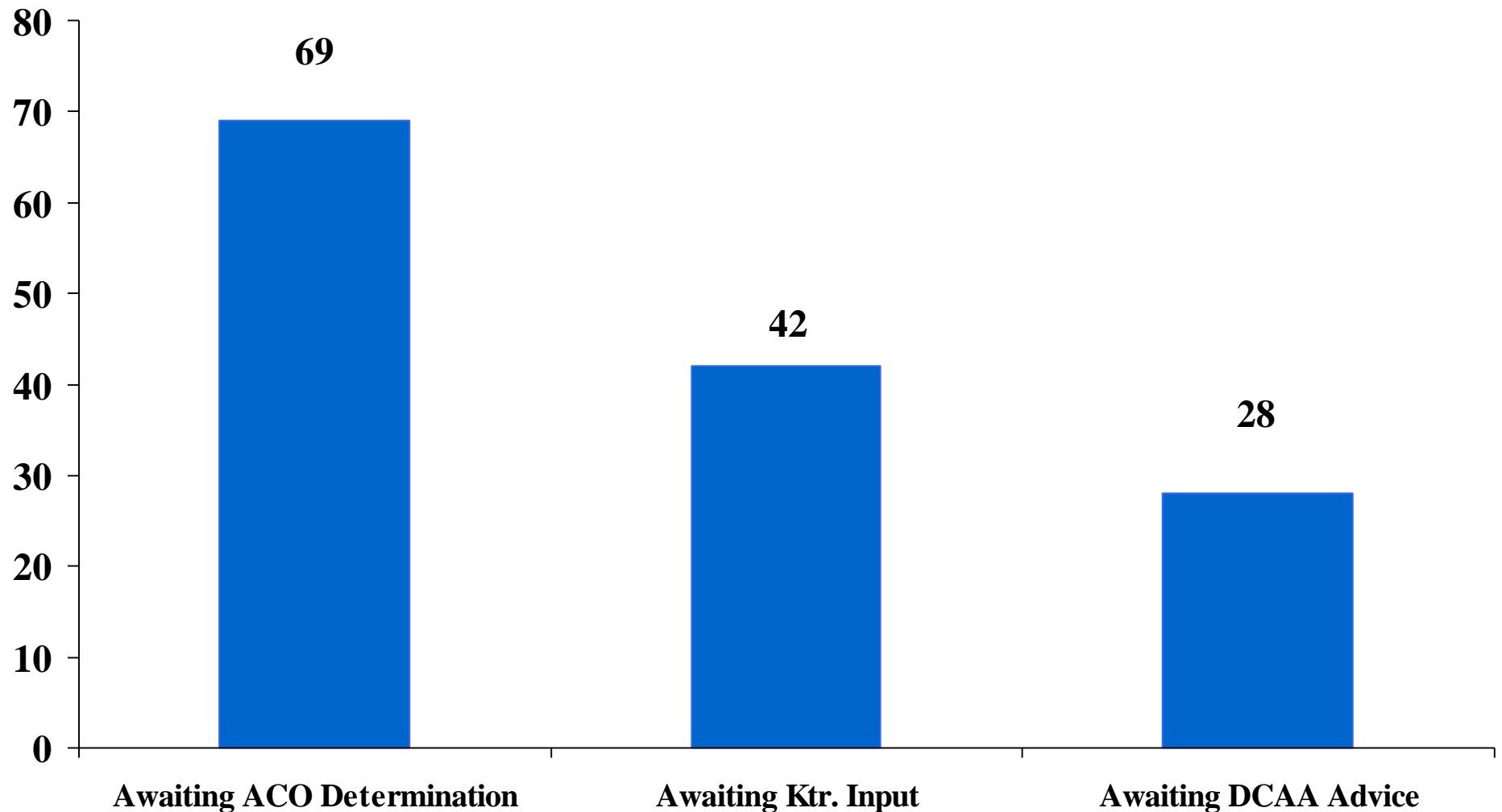
## Performance Goal 2.1.5 - CAS Noncompliance Reports

### PACING CAOs



## **Performance Goal 2.1.5 - CAS Noncompliance Reports**

### **Root Cause Analysis - December 98 Data**



## **Performance Goal 2.1.5 - CAS Noncompliance Reports**

### **District Corrective Action**

- o Letter dated December 3, 1998 from Col. Harrington to all Commanders introduces a monthly reporting requirement for those CAOs that have 2 or more overage CAS noncompliance reports on the last day of the month.
  - oo Reporting CAO needs to identify each overage CAS noncompliance report, and provide a Corrective Action Plan (CAP) for each audit report.
  - oo CAP should explain the cause for the delay in settling the issue(s), and address the action being taken to correct the situation so that the audit report can be dispositioned.
- o After 3 months of reporting, District Process Owner will determine which CAOs need to be visited. Overhead Center CAS Specialist will accompany District Process Owner on visits.

## **DCMDE**      Performance Goal 2.1.14 - Supervisory Ratio

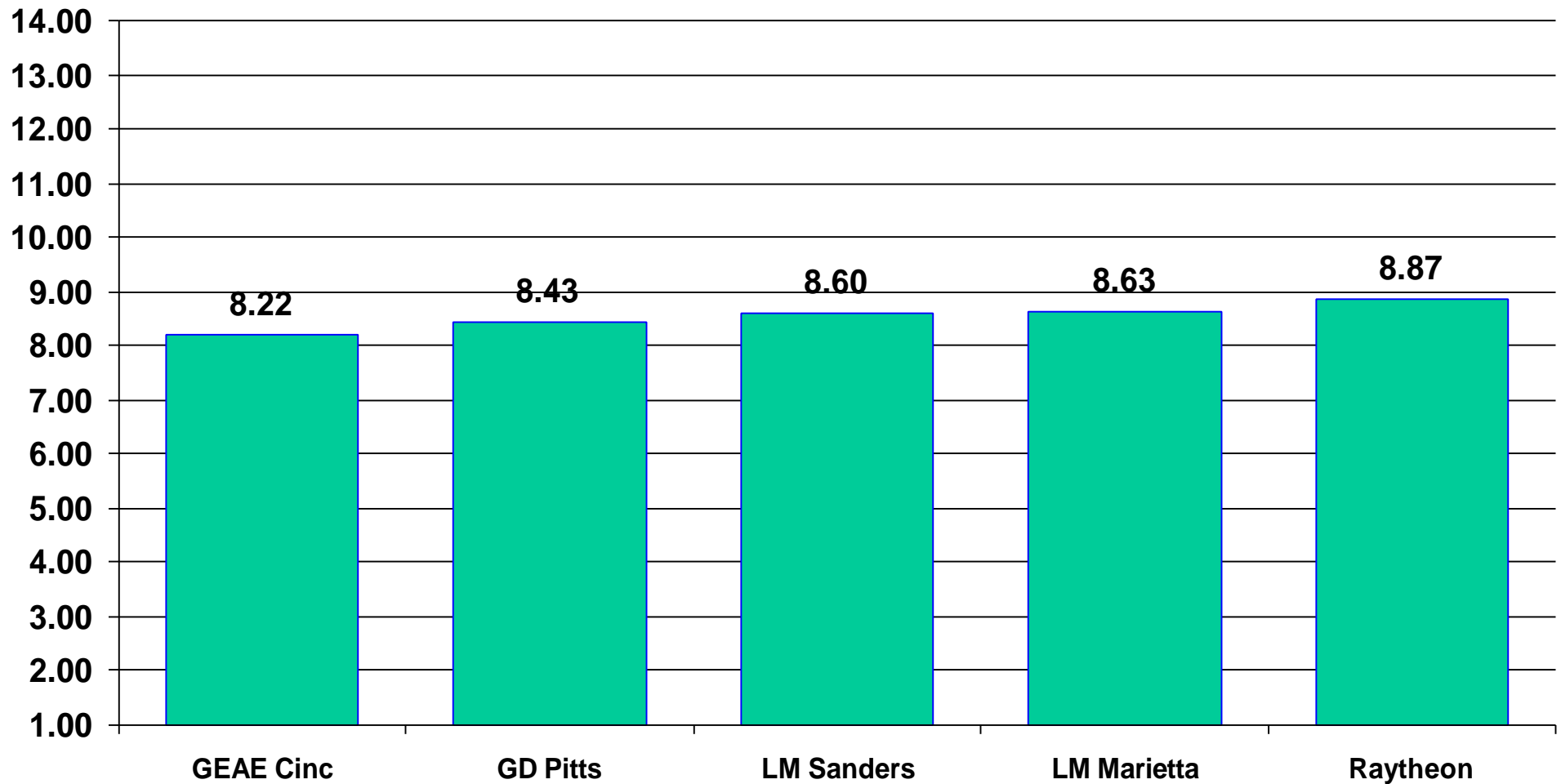
- **Performance Goal Description:** The ratio of number of on board civilian non-supervisory employee to supervisory employees.
- **FY99 Goal/Target:** 16:1 (Note: 14:1 as of Jan 99 update)
- **FY99 YTD Results:** Oct 13.06; Nov 12.94; Dec 12.93
- **Rating:** Red
- **Reasons for not achieving goal:**
  - Reorganizations of CAOs in progress, not yet completed.
  - CAOs have only begun use of OPM Work Leader Guidelines
- **HQ/District process owner:** Leo Brehm (617) 753-3144



**DCMDE**

## **Task 2.1.14 - Supervisory Ratio**

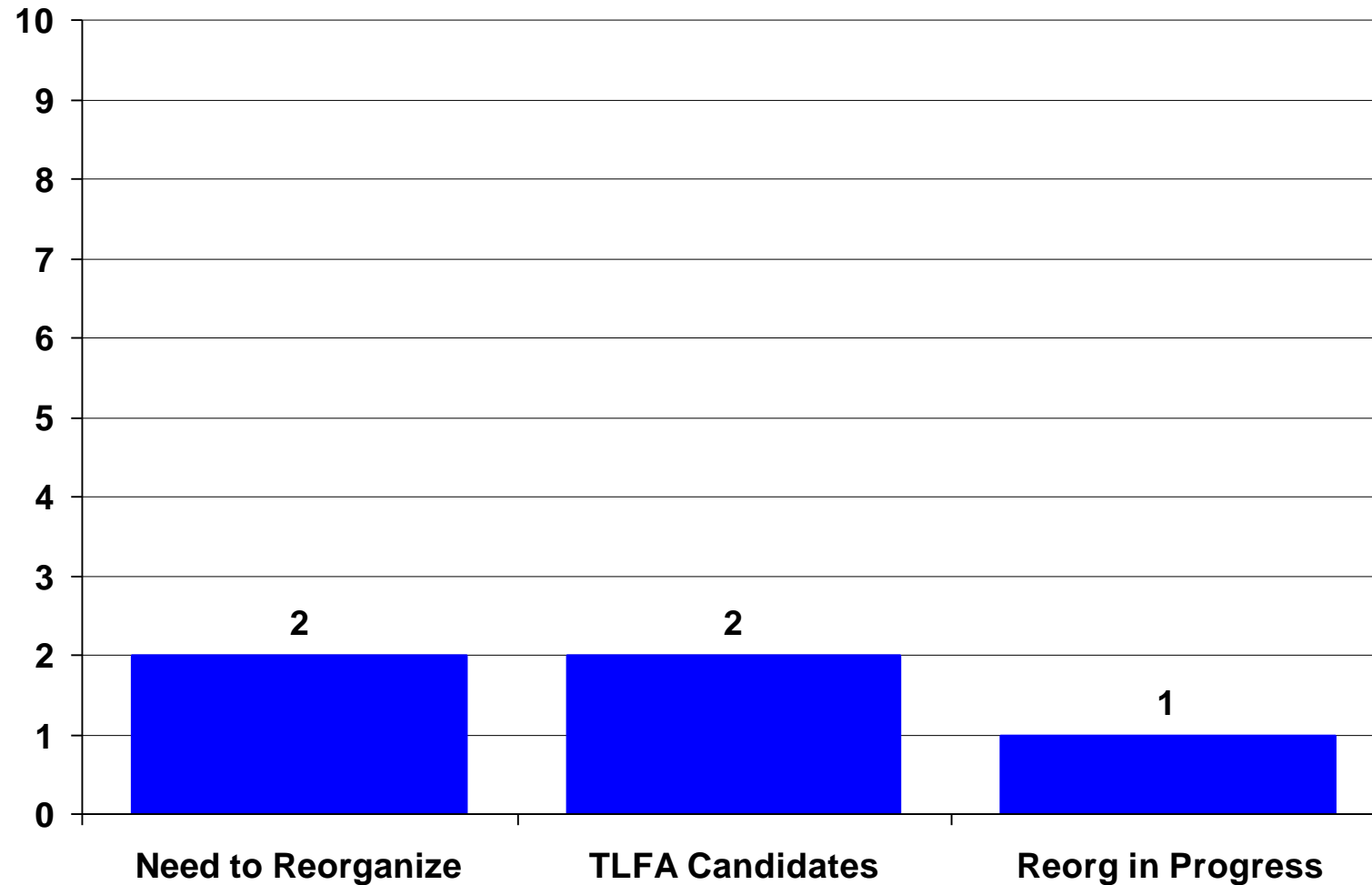
### **Top 5 Pacing CAOs**



## Task 2.1.14 - Supervisory Ratio

#Non-Supervisory civilians to Supervisory civilians

### ROOT CAUSE ANALYSIS FOR 5 PACING CAOs



**DCMDE**

## **Performance Goal 2.1.14 - Supervisory Ratio** **#Non-Supervisory civilians to Supervisory civilians**

### **District Corrective Action**

- DCMDE-MMB working with Top 5 Pacing CAOs to improve ratio through a combination of the following actions:
  - Consolidate teams, eliminate supervisor
  - Reconfiguration of groups - straightline
  - Reorganization of activity as TLFA
  - Eliminate supervisor in MSO; office would report to Deputy
  - Eliminate supervisor by implementing work leader concept



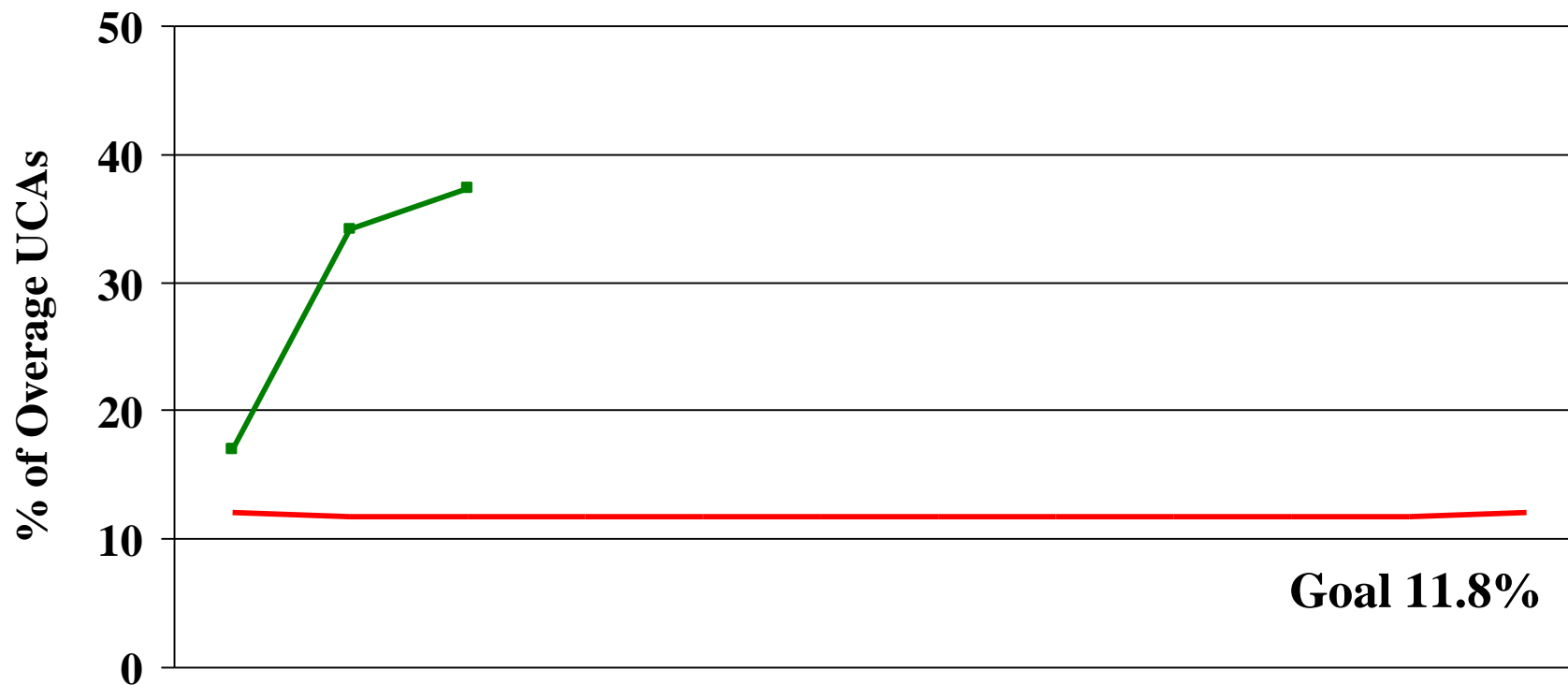
**Performance Goal 2.1.15 - UCAs**

- **Performance Goal Description:** Achieve and maintain the percentage of overage undefinitized contract actions at 10% or less.
- **FY99 Goal/Target:** 11.8%
- **FY99 YTD Results:** 37.39%
- **Rating:** Red
- **Reason for not achieving goal:** Negotiation process delayed by untimely submission of contractor price proposals.
- **HQ/District process owner:**

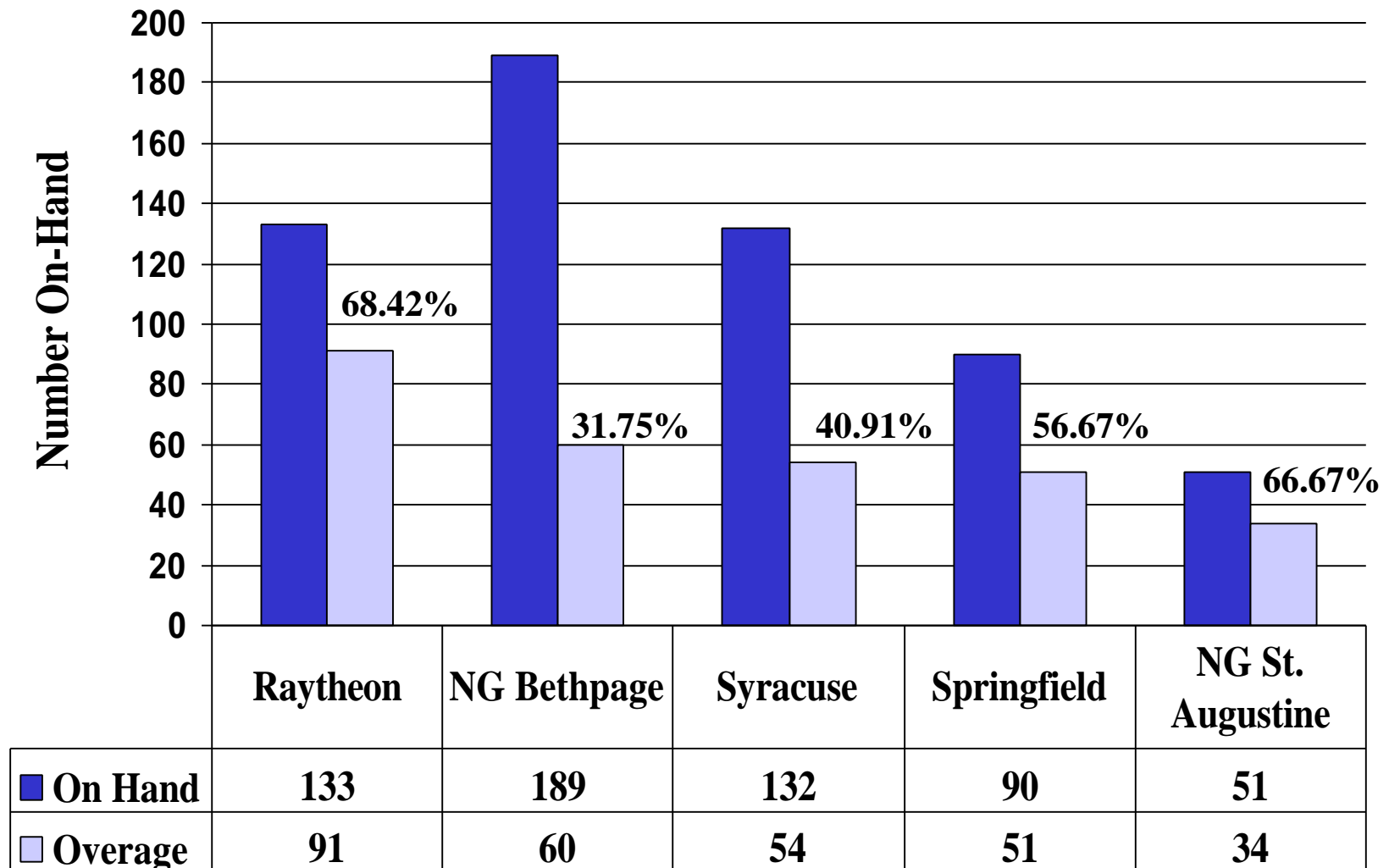
Faye Turner	E. Jean Labadini
DCMC-OD	DCMDE-OOB
703-767-3375	617-753-3166
DSN 427-3375	DSN 955-3166

## Performance Goal 2.1.15 - UCAs

## Performance Status

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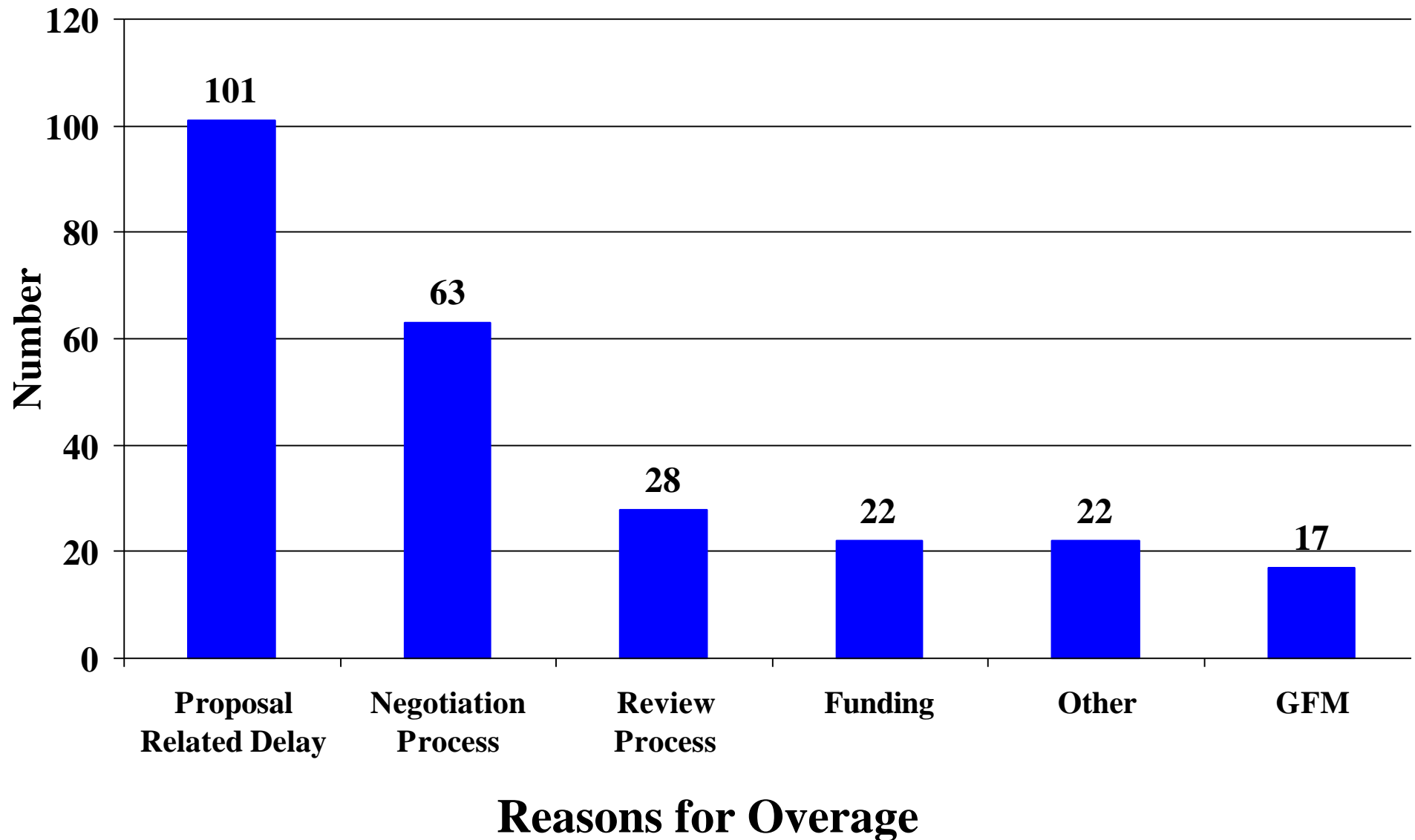
## Performance Goal 2.1.15 - UCAs Pacing CAOs



## **Performance Goal 2.1.15 - UCAs**

### **Root Cause Analysis**

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**District Corrective Action**

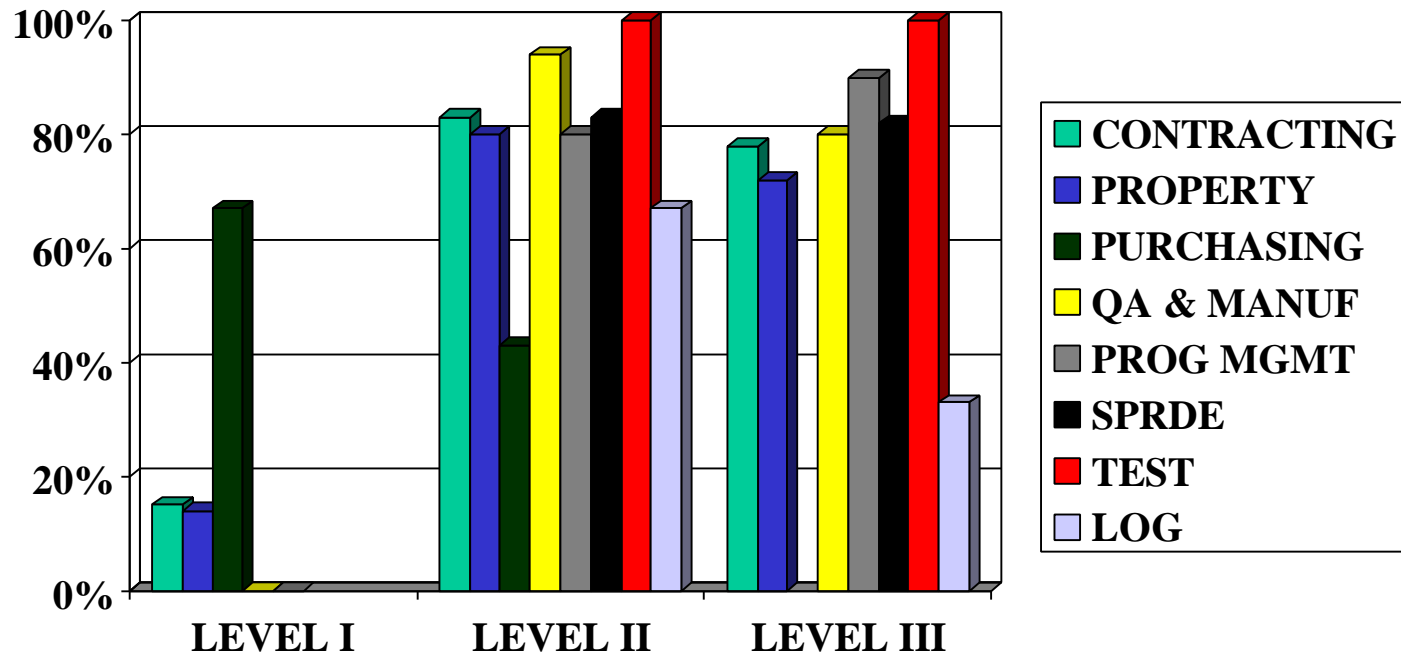
- Continuing Process Owner/User telephone conferences to provide guidance as to how to properly populate the database.
- Reinforced requirement to report all negotiation actions. Special emphasis on reporting unpriced actions for repair of government property regardless of whether or not asset has been received.
- Letter to CAO Commanders re-emphasizing the above and imposing requirement for submission of Corrective Action Plans from all exceeding goal.
- District Burndown plan will be developed from Plan submissions

## **DCMDE      Performance Goal 3.1.4: DAWIA Certification**

- Performance Goal Description:** Increase the percentage of personnel that are DAWIA certified to level I (70%), level II (90%), and level III (98%). Maintain or exceed certification levels.
- FY99 Goal/Target:** Level I - 70%, Level II - 90%, Level III - 98%
- FY99 YTD Results:** Level I - 33%, Level II - 90%, Level III - 82%
- Rating:** Level I = Red, Level II Green, Level III - Red
  - Lack of DAU billets allocated to fulfill certification
  - Prerequisites not met for courses needed for certification
    - HROC draft procedure on waivers for prerequisite courses has yet to be finalized. Approval on a case by case basis
- HQ/District Process owner:**
  - DCMC-BG, Janak Pandhi (703)767-2353
  - DCMDE-MMJ, Kathy Butera (617) 753-3614

**DCMDE**

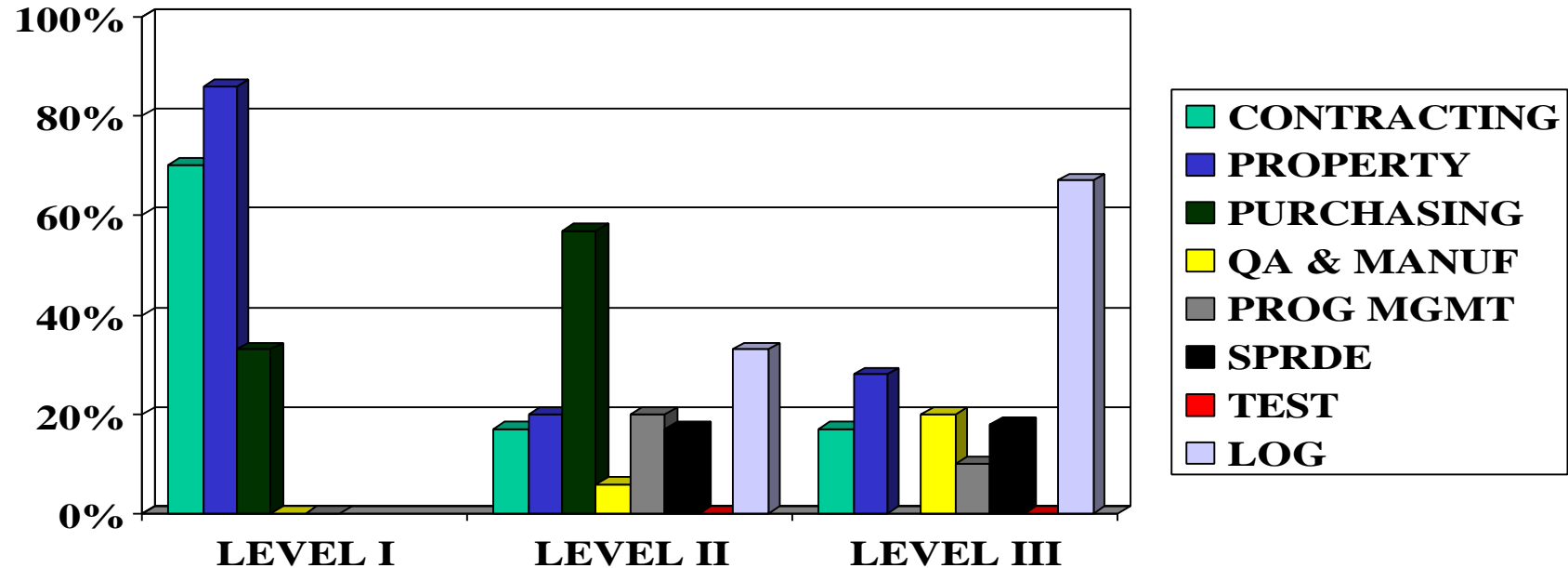
# DCMDE DAWIA CERTIFICATION MEETS POSITION REQUIREMENTS 1Q FY99



	CONTRACTING	PROPERTY	PURCHASING	QA & MANUF	PROG MGMT	SPRDE	TEST	LOG
LEVEL 1 TOTAL	56	7	9	10	1			
Meets Pos	17	1	6	0	0			
Delta	39	6	3	10	1			
%Meets	30%	14%	67%	0%	0%			
LEVEL 2 TOTAL	1077	162	7	2803	99	268	1	12
Meets Pos	896	129	3	2646	79	222	1	8
Delta	181	33	4	157	20	46	0	4
%Meets	83%	80%	43%	94%	80%	83%	100%	67%
LEVEL 3 TOTAL	340	18		263	59	68	1	3
Meets Pos	283	13		210	53	56	1	1
Delta	57	5		53	6	12	0	2
%Meets	83%	72%		80%	90%	82%	100%	33%

**DCMDE**

## DCMDE DAWIA CERTIFICATION DO NOT MEET POSITION REQUIREMENTS 1Q FY99



	CONTRACTING	PROPERTY	PURCHASING	QA & MANUF	PROG MGMT	SPRDE	TEST	LOG
LEVEL 1 TOTAL	56	7	9	10	1			
Does Not Meet Pos	39	6	3	0	0			
Delta	17	1	6	10	1			
%Not Meeting	70%	86%	33%	0%	0%			
LEVEL 2 TOTAL	1077	162	7	2803	99	268	1	12
Does Not Meet Pos	181	33	4	157	20	46	0	4
Delta	896	129	3	2646	79	222	1	8
% Not Meeting	17%	20%	57%	6%	20%	17%	0%	33%
LEVEL 3 TOTAL	340	18		263	59	68	1	3
Does Not Meet	57	5		53	6	12	0	2
Delta	283	13		210	53	56	1	1
% Not Meeting	17%	28%		20%	10%	18%		67%



**DCMDE**

**DAWIA CERTIFICATION  
PACING CAOs**

**LEVEL I = GOAL 70%**

DCMC RAYTHEON	0%
DCMC HARTFORD	0%
DCMC DAYTON	9%
DCMC PHILADELPHIA	20%
DCMC BALTIMORE	30%

**LEVEL III - GOAL 98%**

DCMDE OPERATIONS	56%
DCMC HARTFORD	56%
DCMC PHILADELPHIA	72%
DCMC BALTIMORE	75%

**DCMDE**

## **DAWIA CERTIFICATION ROOT CAUSE ANALYSIS**

- Lack of DAU billets allocated for the amount of requirement needed
- Prerequisite training not completed
  - Policy being developed by HROC
  - Currently reviewing waivers on a case by case basis
- All required courses not entered in the DLA Training Application

**DCMDE**

## **DAWIA CERTIFICATION DISTRICT CORRECTIVE ACTION**

- Allocate billets to non-certified, priority 1 individuals
- Ensure training requirements are input in the DLA Training Application System
- Encourage CAO to utilize the “Wait” system
- Review HROC “Low Fill” list and acquire extra billets

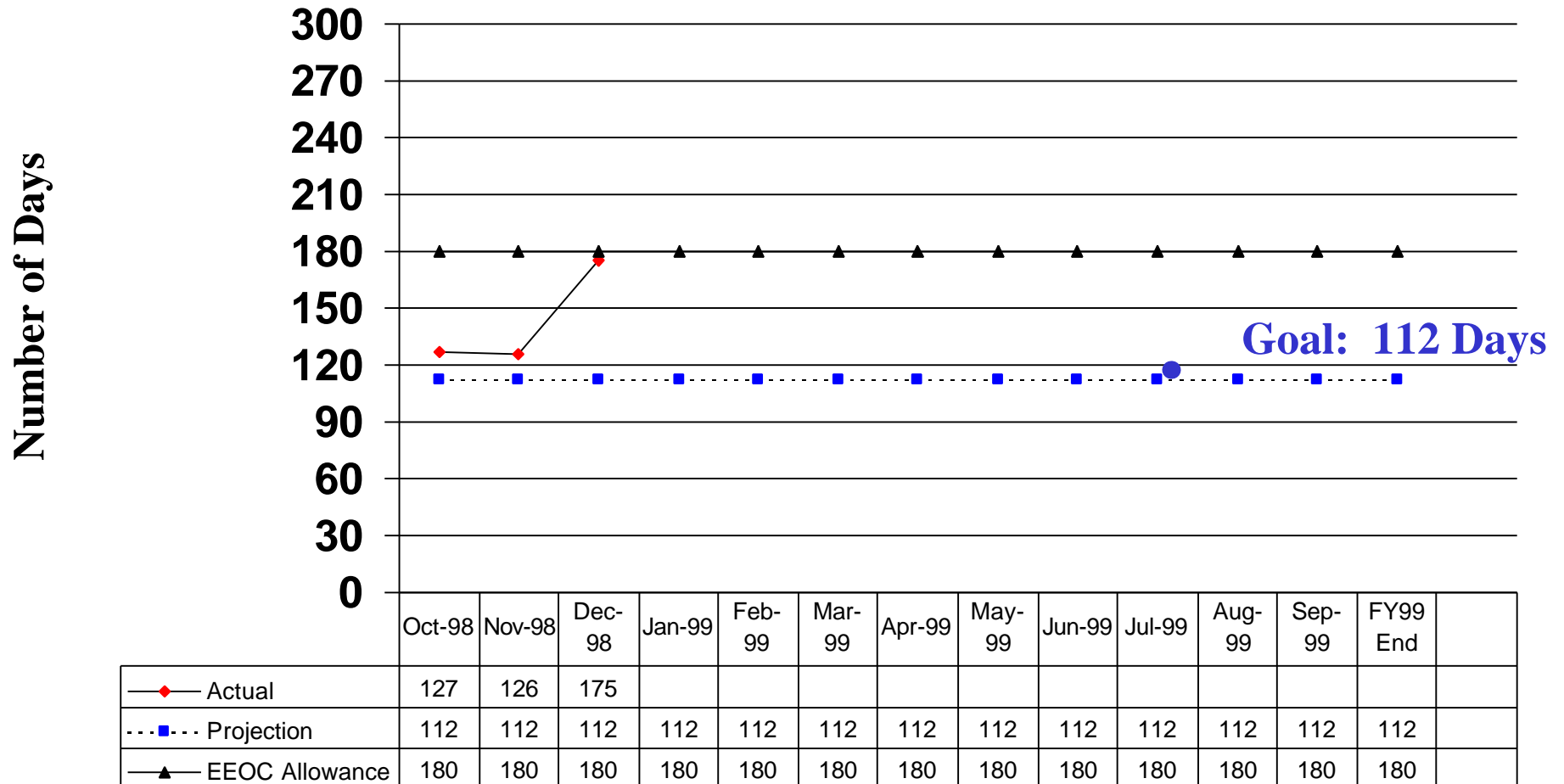
## **DCMDE Performance Goal 3.2.1 - EEO Complaint Processing Times**

- **Performance Goal Description:** Achieve 100% closure of formal EEO cases within the DLA cycle time of 112 days.
- **FY99 Goal/Target:** 112 days
- **FY99 YTD Results:** 143 days
- **Rating:** Yellow
- **Reasons for not achieving goal:**
  - DLA cycle time goal is unrealistic.
  - Excessive delays caused by outside factors, such as contract investigators, failed settlement efforts, need for additional clarification from complainants.
- **HQ/District Process Owner:**

Kim Dowd	Kim Appleton
DCMC-OE	DCMDE-DK
(703)767-2435	(617)753-3585
DSN 427-2435	DSN 955-3585

# Performance Goal 3.2.1 -EEO Complaint Processing Times

## Performance Status



## DCMDE

Perf Goal 3.2.1: Achieve 100% closure of formal EEO complaint cases within DLA cycle time of 112 days

### Causes

- Delays due to contract investigators submitting late reports, rework due to errors and omissions, waiting for rebuttal statements.
- Cases delayed while settlement discussions on-going, which were ultimately unsuccessful.
- Delay getting correct PAW listing of SFA review panel members, which held up an investigation.
- Delays caused by need to have complainants clarify issues raised.
- Delays receiving counselor reports.
- Delays due to setting up joint investigations.

## **Performance Goal 3.2.1 - EEO Complaint Processing Times**

### **District FY99 Corrective Action**

- **Process action team formed to improve internal processes (on-going).**
- **Start and maintain a successful resolution program at the informal level (RESOLVE)**
- **Recommend DLA (CAAH) conduct investigator training, send letter to investigators to improve quality of reports, review current system to seek improvements, incentives for early submittals, penalties for late or deficient reports.**
- **Recommend that CAAH modify 112 day requirement to reflect EEOC 180 day requirement for completion of investigation (which is at the 77 day mark on DLA goals).**

# **GOOD NEWS**

## **Program Integration-**

- + DCMDE-OP is the Lead Agent for the development of a Web Based/Electronic Guidebook accessible by all Program Integrators throughout the Command

## **Earned Value Management System-**

- + Coordinated DSMC short term training for PI's and EVMS Monitors
- + Conducted EVMS review for Joint Stars with Minor findings

## **Product & Manufacturing Surveillance Plan Training-**

- + Training started on January 25, 1999.
- + SFAs and District Staff initiated CAO Training

## **Raytheon Corporate Wide SPI-**

- + Approach developed
- + Three initiatives implemented
- + Quality Systems, Soldering, and ESD
- + Implemented at (20) Sites

## **Software Recommendations Adopted-**

- + Continue to exceed 80% District overall adoption rate